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United Nations Voluntary Fund for Victims of Torture

Report of the Secretary-General

Summary

The present report is submitted in accordance with General Assembly resolutions 36/151 and 64/153 and describes the recommendations for grants to beneficiary organizations that were adopted by the Board of Trustees of the United Nations Voluntary Fund for Victims of Torture at its thirty-first and thirty-second sessions. The report also provides information on policy decisions adopted by the Board in implementation of the recommendations made by the Office of Internal Oversight Services (see E/CN.4/2005/55) with a view to further enhancing the activities of the Fund.

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I. Introduction

A. Submission of the report

1. The present report was prepared in accordance with the arrangements approved by the General Assembly in its resolution 36/151, by which it established the United Nations Voluntary Fund for Victims of Torture. It presents the recommendations adopted by the Board of Trustees of the Fund at its thirty-first and thirty-second sessions, held in Geneva from 19 to 23 October 2009 and from 1 to 3 February 2010. The United Nations High Commissioner for Human Rights approved the recommendations on behalf of the Secretary-General. The present report complements the report on the activities of the Fund submitted to the Human Rights Council at its thirteenth session in March 2010 (A/HRC/13/75).

B. Mandate of the Fund

2. The Fund receives voluntary contributions from Governments, non-governmental organizations and individuals. In accordance with the practice established by its Board of Trustees in 1982, the Fund provides grants to non-governmental organizations that submit projects involving medical, psychological, social, financial, legal and humanitarian or other forms of assistance to torture victims and their family members.

C. Board of Trustees

3. The Secretary-General administers the Fund through the Office of the United Nations High Commissioner for Human Rights with the advice of a Board of Trustees composed of five members acting in their personal capacity and appointed by the Secretary-General with due regard to equitable geographical distribution and in consultation with their Governments. In October 2008, the Secretary-General reappointed the following members for a final period of three years: Krassimir Kanev (Bulgaria), Savitri Goonesekere (Sri Lanka), Joseph Oloka-Onyango (Uganda) and Derrick Pounder (United Kingdom of Great Britain and Northern Ireland), and appointed Mercedes Doretti (Argentina) for a three-year term, renewable once.

4. The Board held its thirty-first session in Geneva from 19 to 23 October 2009 to examine applications for funding and make recommendations on grants to be allotted to beneficiary organizations for the period from January to December 2010 (see A/HRC/13/75). In addition, at its thirty-second session, held from 1 to 3 February 2010, the Board discussed mainly policy issues. At that session, the Board also awarded grants to projects from priority regions, which had not been decided upon at its thirty-first session owing to insufficient information available at that time, as well as to projects from priority regions that had applied in the period between sessions.

D. Admissibility criteria

5. Project admissibility criteria, outlined in the Fund guidelines, require that a project be presented by a non-governmental organization. The beneficiaries must be direct victims of torture and/or direct family members. Priority is given to projects

providing direct assistance to torture victims. This could consist of medical or psychological assistance; help with social or financial reintegration through vocational training for victims; or legal assistance to seek redress for victims or members of their families or to process asylum-seekers claims. Depending on the resources available, the Fund may finance projects to organize training programmes, seminars or conferences to allow health-care professionals or other service providers to exchange best practices. Grant requests for projects involving investigation, research, studies, publications or similar activities are not, however, admissible.

6. The Fund can provide emergency assistance to individuals in countries where no project is receiving support. This type of request is examined according to a specific procedure outlined in the Fund's guidelines. Detailed information on the various types of assistance provided through the projects financed by the Fund, as well as their impact on beneficiaries, can be found in the report of the Secretary-General to the General Assembly at its fifty-eighth session (A/58/284, paras. 27-34).

II. Financial situation of the Fund

7. At its thirty-second session, the Board carefully examined the financial situation of the Fund over the past years. For 2011, the expectation of the Board is that, in order for it to continue to meet requests from grantees at current levels it will be faced with a shortfall of some $3 million.

8. Between 2006 and 2009, contributions received by the Fund increased from $10,073,659 in 2006 to $11,654,025 in 2009. During that period, the Board went from providing $6.1 million in 2006 to $11.3 million in 2010 in grants, with the number of projects increasing from 165 in 2006 to 230 in 2010. The incrementally increased expenditure has been possible since the income used during the period 2006-2010 has included both the yearly voluntary contributions as well as unallocated amounts carried over from previous years. Those amounts resulted from more efficient management of the Fund, including a change in the funding cycle in 2007, resulting in grantees receiving grants in advance of expenditures, closer monitoring of the implementation of projects and stricter reporting requirements. The Board decided to use the carry-over amounts to increase the level of funding for projects, particularly in priority regions.

9. The Board has requested the secretariat to include in the letter of notification to grantees for 2010 an information note in respect of the future funding situation. In this regard, and as a last resort, the Board may need to implement a 20 per cent reduction in the level of grants awarded from 2011 onward.

Contributions and pledges received

10. Since the previous report of the Secretary-General to the General Assembly on the activities of the Fund (A/64/264), contributions and pledges were received as per the table below. These contributions will enable the Board to make recommendations for grants at its thirty-third session, to be held from 18 to 22 October 2010. Grants recommended at the next session of the Board will be disbursed in January 2011 for the period from 1 January to 31 December 2011.

Table
Contributions and pledges received from 23 October 2009 to 5 August 2010
(In United States dollars)

Donors	*Amount*	*Date of receipt*
Contributions		
States		
Algeria	5 000.00	15 January 2010
Argentina	2 336.00	10 February 2010
Austria	134 925.78	30 March 2010
Belgium	147 928.99	18 November 2009
Canada	55 944.08	7 January 2010
Chile	10 000.00	29 July 2010
Croatia	7 000.00	18 November 2009
Czech Republic	10 000.00	16 November 2009
Denmark	320 701.23	10 June 2010
Iceland	20 000.00	10 February 2010
Kuwait	10 000.00	6 May 2010
Liechtenstein	26 062.73	30 July 2010
Morocco	3 000.00	26 March 2010
Netherlands	1 120 000.00	8 December 2009
Slovenia	17 319.28	31 December 2009
Spain	443 786.98	10 November 2009
United States of America	7 100 000.00	1 December 2009
Individuals		
Rita Maran	50.00	1 April 2010
Daniel Premont	266.03	19 April 2010
Total contributions	**9 434 321.10**	
Pledges		
Finland	180 024.66	4 June 2010
Germany	493 218.25	14 July 2010
Norway	164 826.11	2 July 2010
Turkey	10 000.00	9 November 2009
United States of America	7 100 000.00	21 June 2010
Total pledges	**7 948 069.02**	

III. Thirty-first and thirty-second sessions of the Board of Trustees of the Fund

11. At its thirty-first session, the Board examined information prepared by its secretariat concerning more than 240 projects, including new applications for 2010,

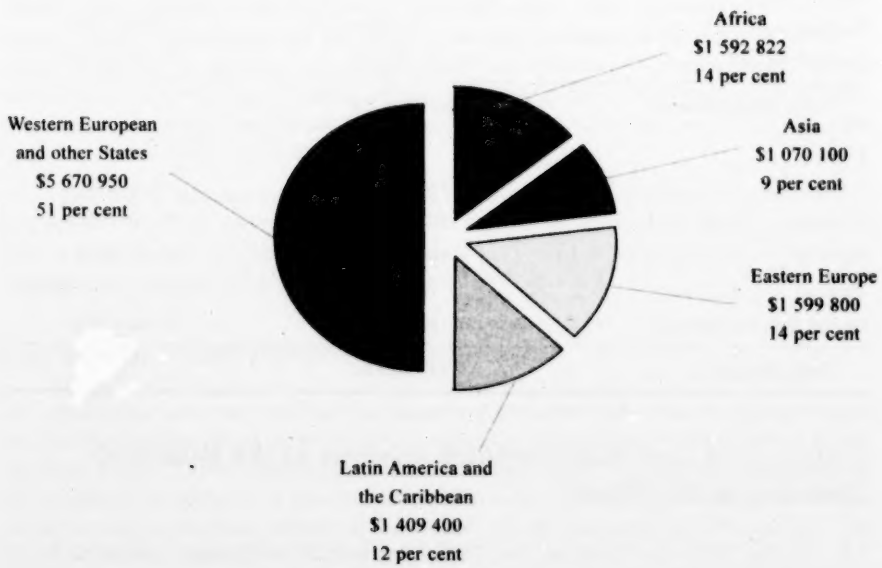
and the analysis of narrative, financial and audit reports on the use of grants paid in previous years. It considered requests for new grants amounting to $18,979,604 for more than 220 projects providing direct assistance to victims of torture and their family members in 2010 and training and seminars for professionals assisting victims to exchange information on experiences and best practices.

12. The thirty-second session of the Board was devoted to the discussion of policy issues and meetings with relevant actors in the field of assistance to victims of torture, including major regional networks of non-governmental organizations and other institutional donors. The Board also considered additional grants requests for 2010 for projects in priority regions, awarding $1,501,322 to 40 projects, 30 of which had been provisionally considered at its thirty-first session. In addition, the Board held meetings with Member States, institutional donors in the field of assistance to victims of torture, the Office of Internal Oversight Services (OIOS) and eight non-governmental organization networks representing organizations working in all regions of the world.

A. Recommendations adopted by the Board

13. At its thirty-first and thirty-second sessions, the Board made recommendations for grants for the period from January to December 2010, for more than 230 projects in over 70 countries, for a total amount of $11,343,072 after deductions for programme support costs and the operating cash reserve (see figure below). The Board also recommended that $320,000 be set aside for intersessional and/or emergency grants for 2010.

Grants awarded in 2010 by region



B. Policy decisions

Thirty-first session of the Board of Trustees

14. During its thirty-first session, the Board discussed policy issues related to funding for European-based projects and to multi-year funding.

15. The Board noted that European-based organizations in particular would face difficulties in the coming years owing to a combination of factors, including the ever-increasing number of victims of torture requiring assistance and recent changes in funding criteria by donors. The Board decided to take measures to adjust funding and advances for future grants for such organizations whenever appropriate.

16. The Board also discussed its policy on multi-year funding of projects. The Board reviewed the criteria for the selection of organizations in this pilot initiative and identified new grantees that qualified for the cycle 2010-2012.

Thirty-second session of the Board of Trustees

17. At its thirty-second session, the Board discussed issues related to information-sharing with other institutional donors, monitoring and evaluation missions and outreach.

18. The Board decided to establish a mechanism for sharing, with other institutional donors, formally and informally, and on a regular basis, information and findings regarding projects experiencing serious managerial and/or financial problems, including mismanagement and possible fraud.

19. The Board agreed to have the secretariat of the Fund participate in joint monitoring and evaluation missions with European Commission staff, whenever projects received funding from both entities.

20. As part of its outreach efforts to attract projects for regions where currently no project is being funded, the Board decided to produce literature on the Fund, including the annual call for proposals, in Portuguese.

C. Meetings with relevant actors in the field of assistance to victims of torture

Thirty-second session of the Board of Trustees

21. During the thirty-second session, the Board held a meeting, for the first time, with representatives of eight non-governmental organization networks representing organizations working in all regions of the world, to discuss issues of common concern, such as the financial situation of the Fund and its recent fund-raising initiatives, outreach to geographical and thematic areas currently not covered by the Fund, the funding policy of the European Union and its impact on grantees of the Fund and the role of non-governmental organization networks in advocacy and fund-raising. In the light of the fruitful discussions with the non-governmental organization networks, the Board decided to hold such meetings on an annual basis.

22. The Board continued its practice of meeting with other institutional donors in the field of assistance to victims of torture. Representatives from the European Instrument for Democracy and Human Rights (European Commission), the

Copenhagen-based Rehabilitation and Research Centre for Torture Victims and the Open Society Institute met with the Board, sharing information on their funding policies, evaluation and monitoring mechanisms and results and initiatives to build the capacity of grantees.

23. In addition, the Board held a meeting with Member States, which was attended by 19 delegations. In the context of the meeting, the Board invited five grantees from different regions to brief the Board and Member States on the assistance provided to victims through the Fund. Organizations invited to make presentations were implementing projects in Croatia, France, Guatemala, South Africa and Uganda. The Board informed Member States about the work of the Fund, including an overview of the activities in 2009 and the planned activities for 2010. The Board provided information on the challenges of the Fund, such as the limited number of applications from some priority regions, including Central Asia and Portuguese-speaking Africa. The Board reiterated its decision to accept applications in Russian. The Board also briefed Member States on the monitoring visits undertaken by the secretariat and members of the Board.

24. The Board met with OIOS, which had been requested by the Board to undertake joint visits with the secretariat to projects funded in Asia, the Middle East and Central America, and was informed of the findings. The Board welcomed the opportunity to discuss with the auditors, in the light of the recent visits, improvements to the general financial reporting requirements to be met by grantees, including instructions on the selection and use of local audit firms, types of acceptable audit reports, establishment of reliable internal accounting systems, handling of cash and checks, records of expenditures on personnel and procurement and supporting documents to be retained.

IV. Outstanding recommendations of the Office of Internal Oversight Services

25. As a result of the work undertaken during the reporting period, OIOS considers that only one recommendation (9 (strengthened management system)), is still being implemented.

Recommendation 9: strengthened management system

26. Applications for grants for 2010, as well as revisions of budget of the 2010 grants continued to be submitted through the online grant system of the Fund. In addition, the new external reporting module for grantees has been completed and put into service, enabling grantees to submit reports on the use of the 2009 grants online. The secretariat continued to offer a direct technical assistance service via e-mail to all organizations using the system and replied to multiple queries from new and ongoing projects as well as potential grantees.

27. During the reporting period, the secretariat continued working on the further development of the internal administration module of the online grant system of the Fund. As a result, the module is being refined and tested with multiple query functions enabling the search of data and the generation of internal reports. Finalization of the module will bring to completion the introduction of an electronic

management system for the Fund, resulting in the full implementation of the remaining recommendation (see para. 25 above) contained in the 2005 OIOS report (E/CN.4/2005/55).

V. International Day in Support of Victims of Torture

28. On 26 June 2010, the United Nations Committee against Torture, the Subcommittee on Prevention of Torture, the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment and the Board of Trustees of the United Nations Voluntary Fund for Victims of Torture made the following statement to commemorate the United Nations International Day in Support of Victims of Torture:

> We are deeply concerned that torture continues to be widespread and that certain practices amounting to torture as well as to cruel, inhuman or degrading treatment or punishment were reinvigorated, in particular in the context of the so-called global war on terror after 11 September 2001. The prohibition against torture and other forms of inhumane treatment is absolute and cannot be derogated even under emergency situations.
>
> States must take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under their jurisdiction. In addition, they should ensure that no reason based on discrimination of any kind be used as justification for torture or inhumane treatment The lack of criminalization of torture and inadequate sanctions are main factors contributing to impunity. We often see that, in the few instances where perpetrators are held accountable, they often receive sentences far below what is required by international law. In order to live up to their obligation to protect everyone subject to their jurisdiction from torture, States must ensure that all acts of torture are criminalized as offences in their domestic penal law and punishable with appropriate penalties that take into account their gravity.
>
> Recent studies have shown that some States, invoking different types of emergencies, have been directly or indirectly involved in practices such as secret detention, disappearances, expulsion or extradition of individuals to countries where they were in danger of torture, and other unlawful treatment or punishment in violation of the Convention against Torture and other international human rights instruments and humanitarian law. We are dismayed to see that in almost no recent cases have there been judicial investigations into such allegations; almost no one has been brought to justice; and most victims have never received any form of reparation, including rehabilitation or compensation.
>
> Torture leaves indelible traces on the body and minds of the victims, and reparation can almost never be complete. Often, the right to a remedy and reparation for victims of torture is non-existent or severely limited. Adequate reparation, tailored to the needs of the victim, including compensation and rehabilitation, is rarely provided or entirely dependent on the limited resources of private entities and civil society organizations. In the light of these concerns, we call upon all States to ensure that victims of torture and other forms of cruel, inhuman or degrading treatment obtain full redress and we urge them to adopt

general guarantees of non-repetition, including taking determined steps to fight impunity.

In this troublesome context, more than 20 years after its entry into force, the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment is still far from universal ratification. As of today, it has 147 States parties, of which only 64 States have made the declaration under article 22 recognizing the competence of the Committee against Torture to receive individual communications. We urge all States to become parties to the Convention against Torture and make the declarations provided under article 22 of the Convention, on individual complaints, in order to maximize transparency and accountability in their fight against torture and its related impunity.

Four years after its entry into force, the Optional Protocol to the Convention against Torture has 51 States parties. The Optional Protocol is a key instrument for preventing torture and ill-treatment by ensuring the establishment of independent and effective national preventive mechanisms empowered to visit places of detention. We therefore urge all States to ratify the Optional Protocol and thus to engage with the Subcommittee on Prevention of Torture. We further call upon those States parties to the Optional Protocol that have not yet done so to establish national preventive mechanisms and to thus live up to their obligations related to the prevention of torture and ill-treatment.

On this International Day in Support of Victims of Torture, we pay tribute to the Governments, civil society organizations and individuals engaged in activities aimed at preventing torture, punishing it and ensuring that all victims obtain redress and adequate compensation, including the means for as full a rehabilitation as possible. We express our gratitude to all donors to the United Nations Voluntary Fund for Victims of Torture, which currently supports the work of over 200 organizations in more than 60 countries, and hope that contributions to the Fund will continue to increase so as to make it possible for victims of torture and members of their families to receive the assistance they need. We call on all States, in particular those that have been found to be responsible for widespread or systematic practices of torture, to contribute to the Voluntary Fund as part of a universal commitment for the rehabilitation of torture victims and their families.

VI. How to make a contribution to the Fund

29. Contributions to the Fund should always be marked as follows: "payee: United Nations Voluntary Fund for Victims of Torture, account CH". Payments may be made either by bank transfer: (a) in United States dollars to "United Nations Geneva General Fund", account No. 485001802, J.P. Morgan Chase Bank, International Agencies Banking, 1166 Avenue of the Americas, 17th floor, New York, NY 10036-2708, United States of America (Swift code: CHAS US 33; ABA code: 021000021); (b) in euros to "United Nations Office at Geneva", account No. 23961901, J.P. Morgan Chase Bank, 125 London Wall, London EC2Y 5AJ, United Kingdom (Swift code: CHAS GB 2L, Sorting code: 60-92-42, IBAN: GB25 CHAS 6092 4223 9619 01); (c) in pounds sterling to "United Nations Office at Geneva", account No. 23961903,

J.P. Morgan Chase Bank, 125 London Wall, London EC2Y 5AJ, United Kingdom (Swift code: CHAS GB 2L, Sorting code: 60-92-42, IBAN: GB25 CHAS 6092 4223 9619 03); (d) in Swiss francs to "United Nations Geneva General Fund", account No. 240-C0590160.0, UBS, rue du Rhône 8, Geneva 2, Switzerland (Swift code: UBSW CH ZH 12A; IBAN: CH65 0024 0240 CO59 0160 0); (e) in any other currency to "United Nations Geneva General Fund", account No. 240-C0590160.1, UBS, rue du Rhône 8, Geneva 2, Switzerland (Swift code: UBSW CH ZH 12A; IBAN: CH65 0024 0240 CO59 0160 1); (f) or by cheque payable to "United Nations" addressed to: Trésorerie, Nations Unies, Palais des Nations, CH 1211 Geneva 10, Switzerland. Donors are requested to inform the secretariat of the Fund and the Resource Mobilization Unit of the Office of the High Commissioner for Human Rights when a payment has been made (a copy of the bank transfer order or of the cheque would be appreciated) to facilitate effective follow-up on the official recording procedure and preparation of the reports of the Secretary-General.

VII. Conclusions and recommendations

30. **Pursuant to the appeals by the General Assembly and the Board of Trustees of the Fund, donors are invited to pay their contributions to the Fund before the regular allocation period so as to enable the latter to take them into account at its thirty-third session, in October 2010.**

31. **The General Assembly and the Board of Trustees have also urged regular donors to increase their contributions, if possible, in order to provide the Board with the resources required to meet the growing needs of torture victims and the members of their families.**

32. **The Board strongly encourages Governments that have not yet contributed to the Fund to do so for the first time, preferably before September 2010.**

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Sixty-fifth session
Item 141 of the provisional agenda*
Report on the activities of the Office of Internal Oversight Services

Thematic evaluation of gender mainstreaming in the United Nations Secretariat

Report of the Office of Internal Oversight Services

"Nearly 15 years after the initial General Assembly resolution on gender mainstreaming, every Secretariat programme has responded to it, but the implementation of gender mainstreaming has been uneven and its contribution to gender equality has been unclear"

Summary

The present evaluation is the first Secretariat-wide review of gender mainstreaming to be undertaken at the United Nations. Its objective is to review the implementation and outcomes of gender mainstreaming in the Secretariat nearly 15 years after its introduction.

The evaluation, which assesses 20 programmes within the United Nations Secretariat, is focused on gender mainstreaming in the main pillars of the work of the Organization: peace and security; humanitarian assistance and development; and human rights. The internal administrative processes of the Secretariat have been excluded from the evaluation, as have programmes and policies specifically targeted at women.

* A/65/150.

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The Office of Internal Oversight Services (OIOS) found that, while every Secretariat programme covered by the evaluation had responded to the gender mainstreaming mandates, further steps were needed before the General Assembly's vision of "an active and visible policy of mainstreaming a gender perspective" could be achieved. The OIOS examination of Secretariat activities and public documents, together with interview and survey data, revealed:

- A range of different structures and processes for gender mainstreaming across the Secretariat
- Considerable gaps in the understanding of the meaning, purpose and practical implications of gender mainstreaming
- Weaknesses in leadership and accountability
- Lack of visibility of the gender perspective in public documents
- Lack of comprehensive and systematic evidence of results

OIOS concluded that the priority of the Secretariat appeared to have been to ensure that appropriate structures and processes were in place rather than focusing on what they were delivering. OIOS found that the link between the structures and processes and their results was weak or missing. As a result, OIOS was unable to draw definitive conclusions about the overall outcomes of gender mainstreaming or its effectiveness in advancing gender equality.

The findings and conclusions in the present report mirror those made in previous assessments of gender mainstreaming initiatives at the United Nations and in other organizations, and reveal that, when all the necessary elements are in place, gender mainstreaming can work. The examples included in the report underscore the potential of gender mainstreaming to change working methods and contribute to gender equality.

The shortfalls identified by OIOS were in practice rather than policy, and the Office is of the opinion that the lack of alignment between policy and practice poses a risk to the reputation of the United Nations, which has committed to and has promoted gender mainstreaming as a strategy for achieving gender equality.

OIOS concludes that, if commitment to gender mainstreaming is to be reinforced and action is to be more visible and effective, the focus needs to shift from processes to results. Reinvigoration of the Secretariat's approach will be needed if it is to deliver on its commitment and generate visible results. The formation of the new gender entity is an opportunity for such reinvigoration.

OIOS encourages the architects of the new gender entity, the United Nations Entity for Gender Equality and the Empowerment of Women, UN Women, to take the findings contained in this report into account when developing the mandate of the Entity and considering its resources and structure. It urges the governing body of UN Women to seek a further evaluation of gender mainstreaming in the Secretariat within three years of its launch, building on the baselines established in this report.

OIOS recommends that the Office of the Special Adviser on Gender Issues and Advancement of Women strengthen the central guidance available to Secretariat programmes and ensure greater coordination of their efforts by:

- Seeking a visible recommitment to gender mainstreaming at the highest level
- Developing a Secretariat-wide approach to the development of staff capabilities to implement gender mainstreaming
- Providing a central hub of expertise to enable gender experts to work together with Secretariat programmes
- Developing guidelines to ensure that gender mainstreaming is integrated in consistent ways in common Secretariat tasks

OIOS also recommends that each Secretariat programme covered by this evaluation reinforce its commitment to gender mainstreaming and strengthen its results focus by:

- Ensuring that it has developed and disseminated a programme-level gender mainstreaming action plan
- Establishing clear expectations for managers and staff at all levels and developing the resources and staff capabilities to deliver on those expectations
- Ensuring that, if retained, focal points who are not specialized in gender mainstreaming have specific terms of reference and are well supported
- Building an evidence base by actively collecting and analysing outcomes, best practices and lessons learned in gender mainstreaming.

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I. Introduction

1. The Inspection and Evaluation Division of the Office of Internal Oversight Services (OIOS) conducted a thematic evaluation of gender mainstreaming in the United Nations Secretariat from October 2009 to July 2010.[1] The evaluation was initiated following a risk assessment carried out by the Division, in which it identified gender mainstreaming as a cross-cutting strategic priority of the United Nations. The topic was also selected for evaluation since no Secretariat-wide evaluation of gender mainstreaming had yet been undertaken.

2. The objective of the evaluation was to review the implementation and outcomes of gender mainstreaming in the Secretariat nearly 15 years after its introduction. Specifically, OIOS sought to determine, as systematically and objectively as possible, the relevance, sustainability, efficiency and effectiveness, including the impact, of the policies and structures in place and the activities being undertaken to implement gender mainstreaming in the United Nations Secretariat, as well as the outcomes to date.

3. The stated goal of gender mainstreaming is gender equality (see para. 7 below). Gender mainstreaming in the United Nations involves the application of a gender perspective in all its work in order to ensure that the different needs and circumstances of women and men are identified and taken into account when policies and projects are developed and implemented. Gender equality is also the goal of policies and projects directly targeted either at women or men. These elements, mainstreaming and targeted activity, form a dual approach that has been adopted by many international organizations, regional and multilateral institutions and government ministries. The elements have clear links and involve different but complementary structures, activities and skills.

4. The evaluation focused only on the mainstreaming element of the dual approach, excluding targeted activities. It also excluded the internal administrative processes of Secretariat programmes, such as recruitment, training and workplace policies and procedures. Although gender mainstreaming is also part of these activities, it was the view of OIOS that this aspect of gender mainstreaming is generally well reported. Instead, the evaluation focused on gender mainstreaming in the main pillars of the work of the United Nations: peace and security; humanitarian assistance and development; and human rights. The following 20 programmes were identified for inclusion in the evaluation:[2]

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[1] The evaluation is in accordance with the mandate assigned to OIOS under General Assembly resolution 48/218 B and further articulated in the Secretary-General's bulletin on the establishment of the office (ST/SGB/273). It was conducted according to the Regulations and Rules Governing Programme Planning, the Programme Aspects of the Budget, the Monitoring of Implementation and the Methods of Evaluation (ST/SGB/2000/8), in particular articles II, IV and VII.

[2] Excluded from the evaluation were: the Department for General Assembly and Conference Management, the Department of Management, the Department of Public Information, the Department of Safety and Security, the Office of Legal Affairs, the Office for Outer Space Affairs and the United Nations Offices at Geneva, Nairobi and Vienna. The Executive Office of the Secretary-General did not provide separate input to the evaluation.

(a) Department of Economic and Social Affairs;

(b) Department of Peacekeeping Operations/Department of Field Support;[3]

(c) Department of Political Affairs;

(d) Economic Commission for Africa (ECA);

(e) Economic Commission for Europe (ECE);

(f) Economic Commission for Latin America and the Caribbean (ECLAC);

(g) Economic and Social Commission for Asia and the Pacific (ESCAP);

(h) Economic and Social Commission for Western Asia (ESCWA);

(i) Office for the Coordination of Humanitarian Affairs;

(j) Office for Disarmament Affairs;

(k) Office of the United Nations High Commissioner for Human Rights (OHCHR);

(l) Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (OHRLLS);

(m) Office of the Special Adviser on Africa;

(n) United Nations Conference on Trade and Development (UNCTAD);

(o) United Nations Environment Programme (UNEP);

(p) United Nations Human Settlements Programme (UN-Habitat);

(q) Office of the United Nations High Commissioner for Refugees (UNHCR);

(r) United Nations Office on Drugs and Crime (UNODC);

(s) United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

References in the report to "Secretariat programmes" relate to these 20 programmes alone.

5. The draft evaluation report was shared with all Secretariat entities, and the present report incorporates comments received, where appropriate.

II. Background

6. In 1995, by its resolution 50/203, the General Assembly established gender mainstreaming as a United Nations system-wide policy, calling for the promotion of "an active and visible policy of mainstreaming a gender perspective" across the system "at all levels, including in the design, monitoring and evaluation of all policies and programmes". The policy, which recognized that gender-neutral approaches did not address discrimination against women and inequalities between women and men, was intended to ensure effective implementation of the Beijing

[3] The Department of Peacekeeping Operations and the Department of Field Support provided a combined response.

Platform for Action. In 1999, the Assembly urged the Secretary-General "to intensify his efforts to ensure that managers are held accountable for gender mainstreaming in their areas of responsibility and that gender mainstreaming is systematically integrated into the reform process of the United Nations, including the work of the executive committees" (General Assembly resolution 53/120, para. 6). The Assembly also requested all bodies dealing with programme and budgetary matters "to ensure that all programmes, medium-term plans and, in particular, programme budgets visibly mainstream a gender perspective" (ibid., para. 8), and requested the Secretariat "to present issues and approaches in a gender-sensitive manner when preparing reports, so as to provide the intergovernmental machinery with an analytical basis for gender-responsive policy formulation" (ibid., para. 9).

7. For the purpose of implementing the mandates contained in the above resolutions, the Secretariat adopted the definition of gender mainstreaming contained in the agreed conclusions 1997/2 of the Economic and Social Council (A/52/3/Rev.1, chap. IV, sect. A):

> "Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality."

8. Responsibility for the implementation of gender mainstreaming at the United Nations Secretariat rests with the Secretary-General and senior managers.[4] Promotion of gender mainstreaming is also included in the mandates of the Office of the Special Adviser on Gender Issues and Advancement of Women and the Division for the Advancement of Women of the Department of Economic and Social Affairs. Guidelines issued by the Office in 2002 for the United Nations system as a whole are still in use.[5] The Secretary-General reports annually to the Economic and Social Council on measures taken and progress achieved in the follow-up to and implementation of the Fourth World Conference on Women, and to the General Assembly on the extent to which intergovernmental bodies mainstream gender perspectives into their work. A report on the ways in which Member States mainstream gender at the national level is also provided to the Commission on the Status of Women.

9. The commitment to gender mainstreaming has been reinforced in a number of documents since the late 1990s. Among them, the 2005 World Summit Outcome (General Assembly resolution 60/1) and the 2006 United Nations System-wide Policy on Gender Equality and the Empowerment of Women[6] endorsed gender mainstreaming as an important tool for achieving gender equality and the empowerment of women.

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[4] See General Assembly resolutions 50/203 (para. 30) and 52/100, para. 8.

[5] See *Gender Mainstreaming: An Overview*, Office of the Special Adviser on Gender Issues and Advancement of Women, 2002.

[6] See CEB/2006/2 and Corr.1.

10. Since the late 1990s, evaluations of gender mainstreaming have been initiated by a number of organizations.[7] Their findings have been consistent. All raised questions about the effectiveness and efficiency with which the strategy was being implemented. Inadequacies in analytical work, planning, reporting systems, mechanisms for accountability, resources and support structures were also identified. Despite some debate in academic and policy forums about the utility of mainstreaming as an approach, these evaluations did not conclude that the strategy of mainstreaming should be abandoned, but rather that means be found to address gaps and inadequacies in implementation.

11. In September 2009, in its resolution 63/311, the General Assembly endorsed the creation of a new composite entity, consolidating the Office of the Special Adviser on Gender Issues and Advancement of Women, the Division for the Advancement of Women, the United Nations Development Fund for Women (UNIFEM) and the International Research and Training Institute for the Advancement of Women (INSTRAW) and taking into account their existing mandates. UN Women, the United Nations Entity for Gender Equality and the Empowerment of Women, was established by the Assembly in its resolution 64/289 of 2 July 2010 and will be operational by January 2011. Its main roles are to support intergovernmental bodies in their formulation of policies, global standards and norms, to help Member States to implement these standards, and to hold the United Nations system accountable for its own commitments on gender equality, including gender mainstreaming. The decision of the Assembly was taken into account in shaping the present evaluation.

III. Methodology

12. OIOS sought to establish the structures, resources, accountability, challenges and outcomes associated with gender mainstreaming in each Secretariat programme covered by the evaluation. For that purpose, and in line with the published guidance of the Office of the Special Adviser on Gender Issues and Advancement of Women on gender mainstreaming, OIOS looked for evidence that:

(a) Consideration was given to the potential for a problem, policy or programme to affect women and men differently;

(b) Services were designed and delivered in ways that ensure accessibility to both women and men;

(c) The views of both women and men were taken into account when analysing situations or policies and designing and implementing programmes;

(d) Progress and outcomes were reported in gender-disaggregated terms, when relevant.[5]

13. OIOS used the following combination of qualitative and quantitative data collection methods:

[7] Including the United Nations Research Institute for Social Development (UNRISD) (1995), UN-Habitat (2003), the United Nations Development Programme (UNDP) (2006), the Department of Peacekeeping Operations (2006), the United Nations Children's Fund (UNICEF) (2007), the World Bank (2010) and OHCHR (2010).

(a) Document analysis was conducted to obtain objective data through a review of Secretariat documents, including the 2008-2009 and 2010-2011 strategic frameworks, the programme performance report for 2008-2009 and a range of published documents of all Secretariat programmes covered under the evaluation. OIOS looked for evidence of the active and visible policy of mainstreaming a gender perspective called for by gender mainstreaming resolutions. Previous evaluations, as well as existing guidance, action plans, tools and reports, were also reviewed;

(b) Interviews were conducted with focal points in all Secretariat programmes that had appointed them, with senior managers of the Secretariat bodies with mandates for gender mainstreaming (the Office of the Special Adviser on Gender Issues and Advancement of Women and the Division for the Advancement of Women) and with UNIFEM and several non-governmental organizations dealing with gender issues in order to understand how gender mainstreaming policies are applied throughout the Secretariat and to identify particular successes and challenges (29 such interviews were conducted). A range of Secretariat programme managers were also interviewed (49 programme managers in all), and their views on the implementation of gender mainstreaming in their respective work areas were recorded;

(c) A web-based survey of all 20 Secretariat programmes covered by the evaluation (referred to in the report as the "programme-level survey") was undertaken to map the policies, structures and activities being undertaken to implement gender mainstreaming in the Secretariat and to seek information on outcomes and factors contributing to outcomes.[8] A single response was sought on behalf of each entity;

(d) A web-based survey of programme managers (referred to in the report as "the programme managers survey") was undertaken to obtain quantitative data on their understanding of their role in implementing gender mainstreaming and of the obstacles they face, and to seek their views on outcomes and factors contributing to outcomes;[9]

(e) Case studies were undertaken of United Nations operations in the Sudan and Colombia. The Sudan was chosen as a location since all three elements of United Nations work are undertaken in the country (peace and security, humanitarian and development, and human rights), and Colombia was chosen because it hosts a number of Secretariat programmes with a long-established presence in the country. In both locations, interviews were conducted with programme managers and staff, their partners in the United Nations system and the donor community, as well as Government and civil society stakeholders.[10] OIOS also sought evidence of the impact of gender mainstreaming activities on beneficiaries;

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[8] The survey was sent to all designated evaluation focal points in the Secretariat. It was open for replies from 10 March to 14 May 2010. OIOS received responses from all 20 Secretariat programmes covered by the evaluation — a 100 per cent response rate.

[9] Surveys were sent to all staff members from the P-4 to D-2 levels in all Secretariat programmes covered by the evaluation; except UNHCR where no staff list could be obtained. The survey was sent to 3,035 staff members, of whom 605 responded, yielding a 20 per cent response rate.

[10] Thirty-three interviews were conducted in the Sudan and 26 in Colombia.

(f) A comparative analysis was made of approaches to gender mainstreaming in non-Secretariat United Nations entities and in international organizations recognized as having strong gender mainstreaming programmes. OIOS conducted interviews with gender specialists and programme staff in the International Labour Organization (ILO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) and with gender specialists in the Organization for Economic Cooperation and Development (OECD) and the World Bank (14 such interviews were conducted), and sought data to compare their gender mainstreaming policies, structures and activities against those of the Secretariat.

14. This combination of qualitative and quantitative data sources ensured robust evaluation findings. OIOS also contracted an expert adviser in gender and gender mainstreaming issues to assist in the development of the terms of reference and data collection instruments, to advise on data analysis and to assist in the development of findings.

15. The evaluation methodology had two main limitations: (a) the relatively low response rate achieved in the programme managers survey means that the results cannot be generalized to represent the views of the Secretariat as a whole; and (b) the complex range of factors affecting changes in gender equality, which precluded conclusive statements about the impact of gender mainstreaming on gender equality.

IV. Findings

A. Every Secretariat programme covered by the evaluation had established structures and processes to implement the gender mainstreaming mandates

Approaches to gender mainstreaming varied across and within programmes

16. Responses to the OIOS programme-level survey showed the range of structures and processes (including policies, tools, resources, capacity development, monitoring and accountability arrangements) used to implement gender mainstreaming across the Secretariat. As illustrated in table 1, a mix of structures and processes in place varied among the 20 programmes engaged in the survey. For example, according to the survey, 12 of the 19 programmes that responded had developed a policy or strategy on gender mainstreaming or disseminated programme-specific guidelines on its implementation. Among those that had developed guidelines, some had tailored them to individual subprogrammes, regions and countries, while others applied programme-wide guidelines. Many had a gender unit or adviser, and some also had specialist gender expertise at field locations. Such expertise is referred to in the report as "specialist gender expertise". Other programmes had developed a network of gender focal points, who had gender mainstreaming responsibilities in addition to their substantive work. Such positions are referred to in the report as "non-specialist gender focal points". Accountability lines had been defined in some programmes and not in others, and approaches to resourcing, capacity development, monitoring and reporting were also varied.

17. Interviews and document analysis indicated that even where particular responses were in place, their content and level of detail differed substantially among Secretariat programmes. For example, only half of the gender action plans

analysed included specific gender mainstreaming objectives, and only three of those plans went beyond objectives to specify required actions for staff at each level.

18. Interview data also revealed that the implementation of gender mainstreaming varied within programmes. Different practices could be found within the same programme, reflecting differences in work content and opportunities, as well as differences in the willingness of staff and their partners (including United Nations entities that are not part of the Secretariat) to take up those opportunities. During the field missions to Colombia and the Sudan, OIOS found good practices at the field level that were not always present at other field locations. For example, the gender unit at the United Nations Mission in the Sudan (UNMIS) in Khartoum had assigned individual staff to work with particular operational units within the Mission to ensure better understanding of the opportunities for gender mainstreaming in those units, an arrangement that is not required of peacekeeping missions by the Department of Peacekeeping Operations at headquarters.

Table 1
Implementation of gender mainstreaming
(Dot indicates response in place)

Response[a]	*DESA*	*DPKO/DFS*	*DPA*	*ECA*	*ECE*	*ECLAC*	*ESCAP*	*ESCWA*	*OCHA*	*ODA*	*OHCHR*[b]	*OHRLLS*	*OSAA*	*UNCTAD*	*UNEP*	*UNHCR*	*UN-Habitat*	*UNODC*	*UNRWA*
Policy																			
Policy or strategy in place		●	●		●		●	●	●	●	●				●	●	●		●
Structure																			
Programme-level gender unit/specialist	●	●		●		●	●	●	●		●				●	●	●		●
Programme-level non-gender specialist focal point			●		●					●		●	●	●				●	●
Gender unit or adviser in each field location (where applicable)		●	●	●				●			●				●				
Gender focal points in each division		●	●	●			●	●	●	●	●	●	●		●		●		●
Advice and assistance from gender focal points/gender unit given to staff	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●		●
Tools																			
Central guidelines for implementation		●		●			●	●	●	●	●		●			●	●		●
Guidelines tailored to subprogrammes, regions and/or countries	●	●		●		●	●	●		●	●				●				●
Resources																			
Allocated funding			●	●			●	●			●			●			●		
Mechanism tracking devoted human resources		●		●				●			●		●	●		●			
Mechanism tracking devoted financial resources				●							●			●					
Capacity development																			
Training for gender focal points		●		●			●	●			●				●	●			●
Training for staff		●	●	●			●	●	●		●				●	●	●		●
Compulsory training																			
Accountability																			
Clear lines of accountability			●	●			●	●		●	●		●			●	●		
In e-PAS documentation for gender focal points		●	●	●	●		●			●	●	●	●	●	●	●	●		●
In e-PAS documentation for staff							●			●	●								●
In recruitment documentation	●	●	●	●			●	●		●		●	●	●	●		●	●	●
Monitoring and reporting																			
Gender audit or evaluation conducted within the last five years			●	●			●		●		●		●	●	●	●			●
Collection of sex-disaggregated data	●	●		●	●	●	●	●	●	●	●				●		●	●	●
Gender-sensitive indicators			●	●	●	●	●	●	●		●	●	●		●		●		●
Dissemination of best practices, suggestions and examples		●			●		●	●	●	●							●		●

(Footnotes on following page)

(Footnotes to table 1)

[a] Dot indicates that a response is in place.

[b] Includes initiatives currently being implemented. Other initiatives are planned.

Abbreviations: DESA, Department of Economic and Social Affairs; DFS, Department of Field Support; DPA, Department of Political Affairs; DPKO, Department of Peacekeeping Operations; ECA, Economic Commission for Africa; ECE, Economic Commission for Europe; ECLAC, Economic Commission for Latin America and the Caribbean; ESCAP, Economic and Social Commission for Asia and the Pacific; ESCWA, Economic and Social Commission for Western Asia; OCHA, Office for the Coordination of Humanitarian Affairs; ODA, Office for Disarmament Affairs; OHCHR, Office of the High Commissioner for Human Rights; OHRLLS, Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States; OSAA, Office of the Special Adviser on Africa; UNCTAD, United Nations Conference on Trade and Development; UNEP, United Nations Environment Programme; UN-Habitat, United Nations Human Settlements Programme; UNHCR, Office of the United Nations High Commissioner for Refugees; UNODC, United Nations Office on Drugs and Crime; UNRWA, United Nations Relief and Works Agency for Palestine Refugees in the Near East.

19. Secretariat structures and activities showed many similarities with those of other entities and jurisdictions recognized as having strong gender mainstreaming policies. Comparator entities typically included similar elements and always included a policy or strategy, central guidelines, access to gender expertise and clear lines of accountability.

Most programmes expected staff to incorporate a gender perspective in their work

20. In addition to the structures and processes in place to implement gender mainstreaming, the majority of Secretariat programmes also agreed with statements in the OIOS survey that indicated that a gender perspective was incorporated, at least to some extent, in their work (see table 2).[11] The statements in table 2 were based on the guidelines of the Office of the Special Adviser on Gender Issues and Advancement of Women, and OIOS believes that they should be considered the minimum expectation for all programmes covered by the evaluation. However, the survey revealed that not all programmes applied all the practices listed in the table, and three programmes reported that they applied none of them.

[11] The statements reflect the guidance provided by the Office of the Special Adviser on Gender Issues and Advancement of Women, as referred to in para. 12 above.

Table 2
Programme practices with regard to gender mainstreaming

	Number of programmes[a]	
	Yes	*No*
When preparing documents, staff are expected to consider the possibility that a problem, policy or programme may have different impacts on women and men, girls and boys	12	5
Staff are expected to design and deliver services in ways that will ensure accessibility to both women and men	11	4
Staff are expected to take account of the views of women and men when analysing situations or policies and designing and implementing programmes	12	6
Staff are expected to report on progress and outcomes in gender-disaggregated terms, when relevant	13	4

[a] The total number of programmes does not add up to 19 because some programmes responding to the survey did not provide response to each question.

The resources devoted to gender mainstreaming were unknown

21. OIOS noted that few programmes claimed to track the human and/or financial resources associated with gender mainstreaming. OIOS acknowledges that precise tracking is inherently difficult since a gender perspective, like other cross-cutting issues, is intended to infuse the work of all staff working in a programme. However, the lack of any such information made it impossible to track trends in resourcing or assess efficiency. As noted above (see para. 15), OIOS was unable to test hypotheses concerning the extent of the resources now devoted to gender mainstreaming or changes in their mix. Nor was it able to test perceptions expressed in interviews and surveys that gender mainstreaming needed more and/or dedicated resources or, importantly, that the commitment of resources had stalled.

Coordination mechanisms had been developed but had not reached their potential

22. OIOS recognizes that, given the wide variety of programmes within the Secretariat, there will always be a need to tailor responses to the specific mandates and circumstances of individual programmes and locations; what makes sense operationally for one programme does not necessarily make sense for another. However, OIOS noted that fragmentation in the approach to gender mainstreaming has resulted in a proliferation of programme-level tools, training and indicators with little, if any, system-wide coherence. In searching for effective approaches, each programme appears to be constantly "reinventing" initiatives and failing to learn from the experience of others.

23. A number of coordination platforms exist within the United Nations system, including the Inter-Agency Network on Women and Gender Equality and the Inter-Agency Standing Committee, which is focused on humanitarian activities. Both have developed guidelines, tools and processes to support the implementation of gender mainstreaming and sharing of best practices, and the Inter-Agency Network on Women and Gender Equality is currently working on minimum standards and web-based training. The extent to which these are improving the efficiency and effectiveness of gender mainstreaming in the Secretariat is, however,

unclear. In interviews, a number of programme managers indicated that their first responsibility was to implement the approach and deliver the reporting requirements of their own programme, which limited the extent to which they could adopt more coordinated approaches. This point was made strongly in the field, where Secretariat programmes and other entities met frequently in an inter-agency setting to work on joint initiatives. If best practices in gender mainstreaming were shared, they could not necessarily be imported to individual programmes, since each operated within its own gender mainstreaming architecture.

24. Best practices in the development of training, guidelines, tools and indicators specific to common areas of work were not systematically shared across the Secretariat. Only six programmes and 29 per cent of respondents to the programme managers survey said that best practices for gender mainstreaming were compiled and disseminated to staff. Where they were disseminated, it was generally within rather than across entities. A number of interviewees suggested that it might be useful to supplement the work of the Inter-Agency Network on Women and Gender Equality by establishing additional online forums to enable more systematic compilation and sharing of best practices and lessons learned.

25. At the central level, the Office of Programme Planning, Budget and Accounts supports the financial and budgetary operations of the Secretariat as a whole. The budget instructions distributed by the Office contain guidelines on gender mainstreaming, including the requirement that gender mainstreaming be reflected in the proposed budgets and strategic frameworks of all programmes.[12] This establishes common expectations for all programmes. OIOS was advised, however, that no central, systematic enforcement and/or monitoring and evaluation of compliance with gender mainstreaming guidelines in proposed budgets is undertaken.

B. Considerable gaps were evident in the understanding of the meaning, purpose and practical implications of gender mainstreaming

The concept and benefits of gender mainstreaming were insufficiently understood

26. Despite the range of activities associated with gender mainstreaming in Secretariat programmes, gender focal points (both gender specialists and non-specialists) expressed doubt in interviews about the extent to which Secretariat staff in general understood gender mainstreaming policies and were able to apply them in their daily work. Furthermore, responses to the OIOS programme managers survey revealed that less than half "always" or "mostly" believed that staff understood what gender mainstreaming is and why it should be implemented. Perhaps reflecting a more detailed knowledge of the policy and/or higher expectations, programme-level survey respondents were even less confident than programme managers that staff understood the policy.

[12] See *Budget Instructions: Proposed Programme Budget for the Biennium 2010-2011* (http://ppbd.un.org/Bi10/Instructions10-11.doc).

Table 3
Understanding of gender mainstreaming
(In percentage)

	Staff understand what gender mainstreaming is				
	Always	*Mostly*	*Sometimes*	*Never*	*Don't know*
Programme-level survey respondents	0	37	58	5	0
Programme managers survey respondents	10	35	44	5	6

	Staff understand why it is implemented				
	Always	*Mostly*	*Sometimes*	*Never*	*Don't know*
Programme-level survey respondents	0	42	53	5	0
Programme managers survey respondents	11	34	41	6	8

27. Other evidence reinforces this finding. In interviews, a significant number of interviewees confused gender mainstreaming with the achievement of gender balance (that is, the numerical representation of women and men on staff, in decision-making bodies or among attendees at training sessions or meetings). When asked how gender mainstreaming contributed to the goal of gender equality, interviewees at all levels often struggled to offer concrete or documented examples. Many referred simply to the mechanisms in place, and showed limited understanding of the ways in which gender mainstreaming could contribute to gender equality. Mixed views on the contribution of gender mainstreaming in their programme/work area to gender equality were also recorded by the staff and programme-level respondents to OIOS surveys (see table 4).

Table 4
Understanding of gender mainstreaming benefits
(In percentage)

	Gender mainstreaming in my programme/work area contributes to the achievement of gender equality				
	Yes, entirely	*To a great extent*	*To some extent*	*Not at all*	*Don't know*
Programme-level survey respondents	11	26	53	5	5
Programme managers survey respondents	14	15	46	12	13

28. The misunderstanding was also reflected in differences in assumptions about the relevance of mainstreaming to particular types of work. Interviewees revealed considerable frustration over perceived expectations that gender mainstreaming can be applied in all or most work areas. In response to OIOS survey questions, only 57 per cent of respondents to the programme managers survey agreed that it was "always" or "mostly" possible to apply a gender perspective to the activities of their work unit, compared with 89 per cent of programme-level survey respondents (see table 5). Just under half of programme managers (49 per cent) but over three-quarters of programmes (79 per cent) reported that taking a gender perspective "always" or "mostly" assisted in achieving the objectives of the programme.

Table 5
Relevance of gender mainstreaming to the work of programmes
(In percentage)

	It is possible to apply a gender perspective in the work of the programme				
	Always	*Mostly*	*Sometimes*	*Never*	*Don't know*
Programme-level survey respondents	47	42	11	0	0
Programme managers survey respondents	26	31	36	4	3

	Taking a gender perspective assists in achieving the objectives of the programme				
	Always	*Mostly*	*Sometimes*	*Never*	*Don't know*
Programme-level survey respondents	53	26	21	0	0
Programme managers survey respondents	22	27	39	8	4

29. Most interviewees and many survey respondents also suggested that improving understanding of the concept and benefits of gender mainstreaming among staff should be a priority for their programmes. A number of interviewees suggested that the best incentive to implement gender mainstreaming was understanding how the adoption of a gender perspective would make their programmes more effective. The World Bank built on this idea in its 2007-2010 gender action plan, in which improving gender equality was also seen as "smart economics" that would advance the core objectives of the World Bank.[13] Other interviewees pointed out the centrality of gender equality to human rights, one of the main pillars of the work of the United Nations.

Understanding of how to implement gender mainstreaming was also lacking

30. Even further behind the understanding of the concept and the benefits of gender mainstreaming was the understanding of how gender mainstreaming is implemented. Both in surveys and interviews, staff conveyed gaps in their understanding of how to apply gender mainstreaming to their programmes and their work. Once again, as shown in table 6 below, respondents to the programme managers survey recorded a somewhat more positive assessment of staff understanding than the programme-level survey respondents. However, in response to another question, they rated inconsistent understanding among staff of how to operationalize gender mainstreaming as the main obstacle to its implementation.

[13] *Gender Equality as Smart Economics: A World Bank Group Action Plan*, World Bank, 2007.

Table 6
Understanding of application of gender mainstreaming
(In percentage)

	Staff understand how to apply gender mainstreaming in their work				
	Always	*Mostly*	*Sometimes*	*Never*	*Don't know*
Programme-level survey respondents	0	11	78	11	0
Programme managers survey respondents	6	24	52	9	9

31. Multiple reasons were suggested by interviewees and survey respondents for this perceived lack of understanding of the application of gender mainstreaming. They included tools that focus on the identification of problems rather than solutions; a lack of specific examples; intimidating language, goals and expectations associated with gender mainstreaming; and a sense that the task requires expert staff and knowledge. Some programme managers believed that time and other resource constraints meant that gender mainstreaming their daily work was a low priority, and some felt that gender specialists and subject specialists did not sufficiently understand each other. In the words of one interviewee, "Not only do we have to be trained in gender issues, but the gender expert working with us also has to be trained in our substantive area of work".

32. Where specific guidelines and tools had been developed for particular types of work, they were considered more relevant and useful than generic training. For example, in UNMIS, where staff of the gender unit worked directly with staff in each subject area in the Mission, specific responses could be developed to specific issues and opportunities, particularly in the area of technical cooperation. The UNHCR "tool for participatory assessment" was also well regarded, relevant to situations faced by UNHCR and easy to use by non-specialist staff. Other programmes had also developed guidelines for gender mainstreaming for use by their staff which are tailored to subprogrammes, regions and/or countries (see table 1).

33. Nevertheless, many interviewees considered the guidance and tools available to them to be too general to guide approaches to their specific tasks. Some also expressed frustration with the tools available, which enabled the identification of gender inequalities but did not necessarily empower staff without specific gender training to devise solutions to address them.

Current approaches to training have not resulted in practical understanding of gender mainstreaming

34. While all staff are responsible for applying a gender perspective to their work, not everyone has been trained to do so. Fewer than half of programme managers surveyed (35 per cent) reported having completed training in gender mainstreaming in the last five years, and of those who are also gender focal points only a little over half (55 per cent) had completed training for that role. Some programmes reported providing specific training to staff (47 per cent) and gender focal points (37 per cent), but in most cases it was not compulsory for all staff, customized to particular work situations or offered on a regular basis. OIOS found that staff in UNESCO, which has made gender mainstreaming training compulsory, reported benefits in

terms of greater staff understanding and implementation of the gender mainstreaming strategy.

35. A number of programme managers interviewed by OIOS had participated in training in gender mainstreaming, typically lasting from one to four hours. They reported finding it mostly general in nature and not necessarily applicable or transferable to their respective areas of work. As with much institutional training, no structure or process appeared to be in place to assess the effectiveness of the training, the degree of knowledge retention or application of the material learned, or to provide follow-up support for implementation.

36. The need for more and better capacity-building to enhance understanding was also a consistent theme among interviewees and survey respondents. In both the programme managers survey and interviews, Secretariat staff professed a need for more training, including web-based learning and more traditional approaches. OIOS was also told of mentoring and on-the-job coaching initiatives that have been effective in other organizations. As noted in paragraph 23 above, the Inter-Agency Network on Women and Gender Equality has commissioned the development of a major new initiative in gender mainstreaming training for use across the United Nations system. OIOS commends the initiative as potentially filling gaps in training identified in the present evaluation.

There was evidence, however, that staff acceptance of the idea of gender mainstreaming had increased since the gender mainstreaming mandates were adopted

37. OIOS notes that staff acceptance of the idea of gender mainstreaming is a critical precondition for its implementation, and that interviewees generally perceived such acceptance to be both broad and growing. While some pointed to pockets of continuing resistance or even "pushback", and others noted that their work lacked easy or obvious gender dimensions or that other priorities competed for attention, most felt that staff awareness and expectations were conducive to the implementation of gender mainstreaming. This was also evident in the extent to which references to gender mainstreaming are now included in recruitment documentation and in performance assessments at the Secretariat (see table 1). This was attributed to the sustained rhetoric that has surrounded the issue in United Nations forums and among partners and donors, as well as to cultural change within the Secretariat itself.

C. Leadership and accountability for gender mainstreaming were seen as weak

Roles and responsibilities for gender mainstreaming were unclear

38. The Secretary-General and senior managers carry the responsibility for the implementation of gender mainstreaming in the United Nations Secretariat (see para. 8 above). While it follows that all subprogrammes and staff members have a role to play, OIOS found that the expectations of particular work units and staff at different levels to deliver on gender mainstreaming are unclear. Only three programmes included some statement on roles and responsibilities for management and staff at various levels in their gender action plans. This was in contrast to ILO,

for example, where responsibilities are clearly documented and disseminated to all staff.[14]

39. As noted above (see para. 28), not all programme managers interviewed and surveyed believed that it was possible to apply a gender perspective to their work. Among those who did, however, the evidence from both surveys and interviews suggested that many were unclear about their role and regarded the gender specialists and/or focal points within their programme as those with primary responsibility for implementation. The gender focal points interviewed pointed out that their role was to offer advice and act as a quality check, but claimed they were often expected to carry out gender mainstreaming work. Some commented that staff routinely referred to them any document including the word "gender" or "women", or sent their documents for the required gender "add-on" when necessary. This was reported as especially burdensome on non-specialist gender focal points, who took on the role in addition to their non-gender related work.

40. OIOS also identified a risk of gender mainstreaming being overlooked completely by staff and managers. Only 37 per cent of programme managers surveyed said that staff were expected to consult their gender focal points when documents and plans were developed, and only 33 per cent of gender focal points said it was "always" or "mostly" true that their colleagues sought their advice and support in relation to gender mainstreaming.

41. . OIOS surveys revealed that only 42 per cent of respondents to the programme-level survey and an even smaller proportion of respondents to the programme managers survey (27 per cent) believed that clear accountability for gender mainstreaming had been established in their programme. The disparity between the programme-level assessment and that of programme managers suggested confusion within many programmes about roles and responsibilities for gender mainstreaming. Lack of accountability was ranked as the biggest obstacle, after funding constraints, to the implementation of gender mainstreaming by the programmes surveyed, and was seen by a number of interviewees and survey respondents as threatening the sustainability of gender mainstreaming itself.

Senior management compacts and performance assessment tools did not typically recognize contributions to gender mainstreaming or deliver consequences for non-performance

42. The compacts signed by the most senior managers in the Secretariat do not make explicit reference to their responsibility in implementing gender mainstreaming, but include a standard paragraph on ensuring "contribution to the broader interests of the United Nations", including "support for organizational objectives such as ... gender mainstreaming". An OIOS analysis of the 2009 senior management compact assessments showed no reference to this paragraph and/or to gender mainstreaming. While the majority of staff agreed that senior managers in most programmes have made statements indicating a commitment to gender mainstreaming,[15] a number expressed disappointment in interviews and surveys at the extent to which it was apparently possible to deliver "lip service" to gender mainstreaming without obvious consequences for inaction.

[14] See *Action Plan for Gender Equality 2010-15*, ILO, 2010.

[15] Eighty-five per cent of programmes and 66 per cent of programme managers surveyed agreed with this statement in OIOS surveys.

43. OIOS also found that gender mainstreaming was not systematically addressed in documentation for the Secretariat's performance appraisal system (e-PAS). Less than one-third (32 per cent) of respondents to the OIOS programme managers survey said their e-PAS made reference to gender mainstreaming, although 61 per cent said gender mainstreaming was included in recruitment documentation for staff in their work area. Some programme managers who were interviewed suggested that responsibility for gender mainstreaming was implied under the e-PAS goal "respect for diversity", but believed that this was insufficiently specific and not assessed. Even gender focal points did not always have their gender mainstreaming responsibilities and achievements assessed as part of their performance. Less than half of the gender focal points responding to the programme managers survey (44 per cent) reported that their e-PAS documentation made reference to gender mainstreaming, and this was also a common theme in programme-level interviews.

There was a perception that stronger accountability frameworks would provide greater incentives

44. OIOS identified a strong conviction among Secretariat staff that stronger accountability frameworks would provide greater incentives for performance, including on gender mainstreaming. In both the programme-level and programme managers surveys, holding senior managers accountable for implementation was ranked as the number one factor affecting the success of gender mainstreaming and was also one of the top three changes suggested by survey respondents to improve the effectiveness of gender mainstreaming. The point was also made in survey comments, in which some programme managers referred to the need for senior managers in the Secretariat to accept greater responsibility for it. Similar suggestions were also made in the programme-level survey.

45. OIOS found other evidence to support this conviction. At UNHCR, where an accountability framework had been developed,[16] interviewees demonstrated more awareness of gender mainstreaming. Many believed that their gender mainstreaming strategies had delivered results and were able to point to concrete achievements. The comparative analysis conducted by OIOS of gender mainstreaming at ILO and UNESCO also demonstrated that there is a link between the incentives provided by strong accountability frameworks and the achievement of a more systematic approach to gender mainstreaming.

46. In addition, OIOS notes that clearly articulated accountability frameworks in other United Nations priority areas, such as gender balance and geographic representation of staff, have been associated with more tangible results. The human resources action plan, for example, specifies performance indicators and targets for various areas of human resources management, including gender and geographic balance, and these are reported on annually and followed up closely by the Secretariat and the governing bodies. While gender mainstreaming lacks the ready metrics of staff numbers, some interviewees emphasized that "what gets measured gets done", and that specifying indicators and accountability for their monitoring and attainment should be priorities for their programmes.

[16] See *2008-2009 Global Analysis: UNHCR Accountability Framework for Age, Gender and Diversity Mainstreaming and Targeted Actions*, UNHCR, 2009.

D. The gender perspective lacked visibility in programme plans and budgets and in Secretariat publications

47. The resolutions referenced in section II established the following specific objectives for gender mainstreaming in the programmes of the United Nations:

(a) An active and visible policy of mainstreaming a gender perspective at all levels;

(b) A gender perspective visibly mainstreamed in programme plans and budgets;

(c) Issues and approaches presented in a gender-sensitive manner when preparing reports;

(d) Making women's as well as men's concerns and experiences an integral dimension of all United Nations work so that gender inequality is not perpetuated.

48. Despite the long-standing commitment to gender mainstreaming and the existence of structures and processes to implement it in all the programmes considered in the present evaluation, OIOS found limited evidence, particularly in the public documents of the Secretariat and its component programmes, that these objectives had been met.

49. Gender mainstreaming had low visibility in high-level planning and budget documents. OIOS found that just under half of programmes (47 per cent) specified gender-sensitive expected accomplishments in their 2008-2009 strategic frameworks.[17] That proportion increased to 53 per cent in 2010-2011. The percentage of programmes with gender-sensitive indicators in their strategic frameworks was 47 per cent in 2008-2009, rising to 58 per cent in 2010-2011. Gender-sensitive references were more detailed and specific in the strategic frameworks of programmes with gender-specific subprogrammes, including the Department of Economic and Social Affairs (the Office of the Special Adviser on Gender Issues and Advancement of Women and the Division for the Advancement of Women), ECA, ECLAC and ESCWA.

50. The Secretary-General's 2008-2009 programme performance report (A/65/70) included at least one reference to gender mainstreaming for 16 of the 19 programmes covered by the evaluation.[18] A separate section on gender mainstreaming contained examples of initiatives taken by the regional commissions, the Department of Economic and Social Affairs and UNEP and a quantitative listing of the proportion of women participating in training courses, seminars and workshops delivered by the Secretariat (ibid., sect. III.H and sect. IV).

51. References to gender mainstreaming were evident to only a minor degree in high-level reporting documents reviewed by OIOS, including the 2008 report of the Secretary-General on the work of the Organization (A/63/1), which referred to the consideration of the gender dimension with regard to a number of issues, including HIV/AIDS and democracy, and contained sex-disaggregated data on most of the

[17] Gender sensitivity in expected accomplishments and indicators was defined by OIOS to include references to gender groups, differentials or issues in those expected accomplishments and indicators.

[18] The Department of Peacekeeping Operations and the Department of Field Support reported jointly for the purpose of the calculation.

Millennium Development Goal indicators. The Secretary-General's reports to the Economic and Social Council on gender mainstreaming contained more detailed assessments, highlighting progress at the intergovernmental level and in the United Nations system in implementing mechanisms to facilitate gender mainstreaming,[19] and also included recommendations for improvement. OIOS noted that a number of the reports suggested that gender perspectives were not yet fully integrated into the work of the United Nations, including Secretariat programmes, in line with the responses made in the OIOS programme-level survey.

52. An examination of the major or flagship documents of individual Secretariat programmes revealed that, while some programmes explored gender issues in greater breadth, others released major documents with few, if any, references to the underlying gender dimensions. A number of programmes had published documents exploring the gender aspects of their substantive work (such as disaster assessment, statistics, trade and forest industries), and a gender perspective was also clearly evident in the publications of some programmes and somewhat evident in others. In some cases, gender issues were addressed in dedicated sections of the respective annual reports, which highlighted the importance of the issues but risked the perception that gender is not fully integrated into the totality of their work. In other cases, a more integrated approach was evident, with references suggesting that a gender perspective had been applied in a range of activities.

53. For programmes that do not routinely publish flagship documents,[20] OIOS sought evidence of gender perspectives on their websites. Such information tended to be more limited and summative in nature than that contained in larger documents (for example, the "Facts and Figures" page on the websites of individual missions on the website of the Department of Peacekeeping Operations), although in some cases it included sex-disaggregated data (for example, refugee statistics on the UNHCR website). OIOS found, however, that where sex-disaggregated data had been included in publications or websites, little if any analysis of those data was reported and it was unclear how the data affected the subsequent work or priorities of the programmes.

E. Results were neither tracked nor analysed

Evidence of results was not collected systematically and analysis of the factors differentiating success from failure was lacking

54. OIOS found that the structures and processes in place in Secretariat programmes to implement gender mainstreaming were not matched by measures to assess or understand its results. The outcomes of gender mainstreaming had not been tracked in ways that enable the effectiveness of different approaches to be assessed, and the factors differentiating success from failure were not always understood. As a result, the body of knowledge concerning the outcomes of gender mainstreaming was fragmented and inadequate.

55. Gender-sensitive indicators, in particular, appeared under-used and under-analysed. While they were reported to be in place in 13 programmes (see table 1),

[19] See E/2009/12, E/2008/34, E/2007/33; E/2006/36, E/2005/31, E/2004/4, E/2003/49, E/2002/23 and E/2001/41.

[20] These programmes included the Department of Peacekeeping Operations, UNHCR and OHCHR.

they typically focused on the availability or use of sex-disaggregated data without any link to outcomes contributing to gender equality. For example, a number of programmes had developed indicators relating to participation in gender training, technical cooperation initiatives or the adoption by programmes or by Member States of gender-sensitive indicators or other mainstreaming initiatives, but only a subset of those programmes included indicators relating to improvements in gender equality or the preconditions for such improvements. A number of good examples of the latter case were found, including the incorporation of women's human rights in national policy and legislation or the improvement of conditions for women in camps or prisons. Nevertheless, in interviews, few programme managers volunteered explanations of how changes in the indicators affected programme-level priorities or activities or how particular interventions impacted them. Where indicators to measure results from gender mainstreaming were in place, interviewees reported that the monitoring of these indicators was not yet "rigorous". In programmes without gender-sensitive indicators such an understanding was likely to be even more limited.

56. The lack of understanding among staff of the results of gender mainstreaming (see paras. 26-29) did not appear to affect perceptions of its effectiveness. As shown in table 7, the vast majority of respondents to both the programme-level and programme managers surveys believed that gender mainstreaming was implemented effectively in their programmes or work areas, at least to some extent. However, perceptions recorded in interviews, where effectiveness could be explored in more detail, were generally less positive.

Table 7
Perceptions of the effectiveness of the implementation of gender mainstreaming
(In percentage)

	My programme/work area implements gender mainstreaming effectively				
	Yes, entirely	*To a great extent*	*To some extent*	*Not at all*	*Don't know*
Programme-level survey respondents	0	21	68	11	0
Programme managers survey respondents	11	16	53	12	8

Monitoring and reporting, when done, were limited and feedback was lacking

57. Progress on the implementation of gender mainstreaming in the United Nations is assessed through survey and other information compiled by the Office of the Special Adviser on Gender Issues and reported annually by the Secretary-General to the Economic and Social Council. While such reports keep mainstreaming visible at the Organization-wide level and are a natural forum for the analysis of results, a number of interviewees questioned their utility. Some suggested that the reporting was superficial or perfunctory in nature and excessively focused on process, while others noted that there seemed to be little follow up and no rewards or sanctions associated with the reported outcomes. Furthermore, the claims of entities in such reports did not appear to be independently verified.

58. Monitoring and reporting at the programme level shared similar features. Most programmes covered by the evaluation have established reporting mechanisms for

gender mainstreaming. Nine of the 12 Secretariat programmes with a policy or strategy on gender mainstreaming indicated in the OIOS survey that those policies or strategies included reporting requirements. Thirteen of the programmes covered by the evaluation also indicated that staff were expected to report on progress and outcomes in sex-disaggregated terms when relevant (see table 2). Periodic progress and other reports were typically prepared within the gender unit or its equivalent, but some programme managers who were required to submit reports expressed frustration at having to "graft" gender references onto activities that may have integrated them superficially at best. Others observed that feedback was not provided on reports, and lessons learned were not shared. One manager reported working to a 100-word limit, which constrained the opportunity to report substantively. OIOS saw no evidence of common standards being applied across programmes in programme-level reporting.

Evidence of the contribution of gender mainstreaming to gender equality was particularly limited

59. OIOS found that attempts to track impact and achievements using quantitative methods lacked validity and robustness. OIOS was told in interviews that evidence of gender mainstreaming is often assessed by counting the frequency of terms such as "gender", "women" and "girls" in documents, or the number of female participants in programme activities, rather than undertaking a considered, qualitative assessment of whether a gender perspective informs work processes. In those few instances where a qualitative assessment had been undertaken, the qualitative reporting of activities focused on ways in which the gender perspective actually entered the work. Influencing and supporting the mainstreaming activities of United Nations commissions and external partners, particularly Member States and civil society organizations, was one category of action highlighted by a number of programmes, including the Department of Peacekeeping Operations and OHCHR.[21]

60. The reports of the Secretary-General on gender mainstreaming mentioned above (para. 51) also included examples of its impact on discussions within the United Nations system. OIOS found, however, that many of the examples were drawn from United Nations funds and programmes rather than Secretariat programmes and that the reports focused predominantly on the processes of gender mainstreaming and the systems and capacities to operationalize and report on them, rather than their outcomes in terms of contribution to gender equality. Quantitative data, in particular, were process-focused.

61. OIOS notes that the existence of structures and processes for gender mainstreaming, while necessary for its implementation, should not be considered evidence of its success as a strategy. In the absence of comprehensive information on the inputs to and outcomes of gender mainstreaming, neither Secretariat programmes nor OIOS itself were able to gain a credible understanding of the extent to which structures and processes for gender mainstreaming at the United Nations Secretariat were working effectively or not.

[21] Department of Peacekeeping Operations, 2009, *United Nations Peace Operations 2009: Year In Review*; OHCHR, 2009, *Report on Activities and Results*.

Results often relied solely on exceptional individual effort rather than proven systems

62. During the course of its evaluation, OIOS found numerous examples of individual Secretariat staff members who were committed to the objectives of gender mainstreaming, convinced of its relevance and determined to apply it. Such individuals acted as catalysts, motivating their colleagues and generating important outcomes. However, it was also clear that results attributable to individual commitment and initiative are neither predictable nor necessarily sustainable. In more than one programme, OIOS was told of initiatives and partnerships that had been carefully nurtured by one individual or group only to fall victim to neglect when those catalytic forces left the unit or organization. In more than one case, this was considered to have damaged relationships with partners and reduced the likelihood of further initiatives being supported in the future. At the least, such reversals demonstrated the fragility of initiatives based on individual rather than systemic drivers, capabilities and accountabilities.

F. Where results have been achieved, they underscored the potential of gender mainstreaming to improve working methods and to contribute to gender equality

Sustainable results require the right structures, tools and expertise as well as commitment

63. Where adequate structures, tools and expertise were in place in a programme, its ability to deliver consistent results was clearly enhanced. OIOS found examples of programmes, within and outside the Secretariat, where gender mainstreaming had been built into their systems and supported. In those programmes more consistent messages were being delivered to staff and partners. These tended to be larger programmes with dedicated gender units and mandates that involved direct interaction with beneficiary populations, such as civilians in post-conflict or humanitarian situations, refugees and populations at risk of human rights violations. However, they also included several programmes focusing on policy, regulatory and advisory functions. In such programmes, where a sustained investment had been made in specialist expertise and general staff awareness, the drivers for results appeared to be more system-based and less reliant on the existence of committed and resourceful individuals.

Gender mainstreaming was positively affecting work processes and the design and impact of Secretariat programmes

64. Despite limited visibility in many programmes, and the lack of a systematic and solid evidence base for tracking results, OIOS found that gender mainstreaming was changing the way Secretariat programmes approached their work and had the potential to deliver results for beneficiaries and contribute to gender equality. Gender mainstreaming was determined to have had some influence on work processes and programme design, as well as on programme impacts. OIOS was unable to quantify the extent of such influence. While interviewees in almost every programme were able to provide at least one example of results, owing to the lack of data, OIOS could not assess how common or uncommon these examples were.

65. The following examples were provided to OIOS in interviews. They illustrate ways in which gender mainstreaming had exerted a positive effect on work

processes, design and impact of Secretariat programmes. They are illustrative only and are not intended to be comprehensive or representative, and they were not independently verified by OIOS. They do point, however, to the potential for gender mainstreaming to enact positive change and contribute to gender equality.

Examples of attempts to understand differences in the impact of an issue on women and men

The 2007 *World Economic and Social Survey* issued by the Department of Economic and Social Affairs examined the impact of ageing on women.

ESCWA has examined women's control over economic resources and access to financial resources.

The Office for Disarmament Affairs has introduced a module on gender and small arms into the international small arms control standards currently being developed. The module highlights the gender aspects associated with armed violence.

ECLAC has developed a methodological approach and guide to gender analysis in natural disaster assessment in the Caribbean, and its gender division has provided data, advice and staff to assist in assessment.

The UNEP programme framework template requires gender considerations to be incorporated in the situation analysis associated with proposals and project concept development. Guidelines and a checklist for mainstreaming gender into UNEP publications have been circulated to staff.

The adoption of the ECA African Gender and Development Index by a number of countries has led to the identification of several gender disparities, such as vulnerabilities facing female-headed households.

Examples of the collection, compilation and publication of sex-disaggregated data in material prepared for governing bodies, Member States and the public

ECE maintains a large collection of gender statistics in its statistical database, which is regularly used to inform policy discussion. It has developed a manual on gender statistics and is systematically developing capacities for engendering national statistical systems in its Member States.

Rather than including gender material in a dedicated section, every chapter in the ESCAP report on the Millennium Development Goals includes a gender discussion.

The publications of the Statistical Division of the Department of Economic and Social Affairs routinely include disaggregations by sex of the main statistical aggregates, and *The World's Women: Progress in Statistics*, published every five years, addresses the availability of statistics disaggregated by sex.

UNODC included a short analysis on drugs and gender in its 2010 *World Drug Report*.

UNRWA made a commitment to collecting sex-disaggregated data during the 2008-2009 biennium, which it is now using as a baseline to measure gender gaps in service delivery and identify necessary corrective measures.

Examples of rapid response capabilities

Under a donor-funded Inter-Agency Standing Committee initiative managed by the Office for the Coordination of Humanitarian Affairs, a pool of gender advisers is available for deployment to humanitarian coordinators' offices at 72 hours notice to ensure that humanitarian action takes the different needs and capabilities of women, girls, boys and men into equal consideration.

The Department of Political Affairs has developed a joint strategy with UNIFEM for a standby facility of rapidly deployable high-level gender experts for all parties to a peace process. It also compiled a database of women mediators and experts on gender, on which staff can draw for assistance or training.

Examples of greater effectiveness in policy and operations when differential needs are explicitly addressed

UNCTAD recently launched a new work programme on gender, trade and development, which includes five-country studies.

Conscious efforts to increase the number of female police officers in northern and southern Sudan have provided role models for women in the national police force and increased the willingness of women victims to report violations.

Examples of multiplier effects

UNHCR has supported the Ministries of the Colombian Government in introducing a gender perspective into planning for internally displaced persons by assisting in the development of guidelines. The guidelines are now affecting the design of public policy at the national and local levels.

With United Nations support, the Ministry of Social Welfare and Religious Affairs in the Government of Southern Sudan has developed gender mainstreaming tools compliant with the Convention on the Elimination of All Forms of Discrimination against Women.

UNMIS is assisting the Ministry of Social Welfare in the government of Northern Sudan to develop a national policy for the empowerment of women.

Examples of seeking better outcomes for beneficiaries

In one of its biggest technical cooperation projects, the OHCHR office in Colombia worked with the public prosecutor to train prison guards in human rights, including women's human rights, and to study the condition of women in prisons.

The Office for the Coordination of Humanitarian Affairs is targeting vulnerable groups, including women heads of households, in order to increase the impact of humanitarian relief work.

UN-Habitat has undertaken a joint project with UNIFEM to study the safety and security of women in cities.

V. Conclusion

66. Nearly 15 years after the initial General Assembly resolution on gender mainstreaming, every Secretariat programme has responded to it, but the implementation of gender mainstreaming has been uneven and its contribution to gender equality has been unclear. The understanding among staff of what gender mainstreaming meant for their work was far from universal and the initiatives in place varied in focus and effectiveness. With a number of significant exceptions, its visibility was at best inconsistent and at worst lacking in significant Secretariat documentation. Despite the guidance of central authorities, most recently the Office of the Special Adviser on Gender Issues, accountability was largely unenforced and best practices and lessons learned have not been systematically monitored. As a result, its contribution to gender equality is unclear. OIOS concluded that further steps were needed before the General Assembly's vision of "an active and visible policy of mainstreaming a gender perspective" could be achieved in the Secretariat as a whole.

67. This was not because of lack of input. Implementation has involved the allocation of resources and the creation of structures, processes, training and reporting. While the cost of this is unclear, the effort across the Secretariat has been considerable and the majority of programmes and programme managers believed that gender mainstreaming was implemented effectively in their programme, at least to some extent. The OIOS survey showed that staff acceptance of gender mainstreaming was high — an achievement in itself given the challenges it posed to more conventional approaches and analysis. OIOS nevertheless concluded that it was not yielding results commensurate with the input of effort and thus was inefficient. Inefficiencies were particularly apparent in the lack of integration in common processes as well as in the lack of a means of systematically assessing results, learning from shortcomings and sharing best practices.

68. The processes themselves were not inherently faulty, although their relevance, and hence their ability to deliver results, could be improved by identifying and reinforcing the elements that are recognized and known to work and embedding them in the processes and culture of each programme. Reliance on the commitment and enthusiasm of individual champions (including non-specialist gender focal points), while often inspirational to others, is ultimately unsustainable. Results can be assured and sustained only if the resources and capabilities to deliver them are also assured and sustained. OIOS concluded that more clearly-stated expectations and stronger capacity-building, accountability and monitoring were more likely to create the environment within which a sustained impact on gender equality can be generated. Building staff competence, including training, was a key element in building the capacity to sustain effort and results.

69. The effectiveness of gender mainstreaming must ultimately be judged by its results. OIOS observed good results and good practices in all programmes and does not doubt that gender mainstreaming has had an impact on the work of the programmes and on the beneficiaries of it. However, the lack of comprehensive and systematic evidence of results impeded assessment of its contribution to gender equality, and thus of its effectiveness.

70. OIOS concluded that, if commitment is to be reinforced and action is to be more visible and effective, the focus of the Secretariat approach to gender

mainstreaming needs to shift from process to results. The lack of an evidence base on what works and what does not, and on the results achieved after nearly 15 years of effort, feeds scepticism about the merit of this approach and undermines efficiency. The collection, analysis and dissemination of best practices, lessons learned and achievements would be a step towards genuine understanding of what gender mainstreaming can deliver.

71. OIOS also concluded that if both Secretariat-level coherence and relevance to individual programmes and subprogrammes are to be enhanced a combination of common and tailored approaches was required. Strong central guidance and oversight are crucial for effective, coordinated outcomes, and should establish common expectations among senior leadership and programme managers concerning their role and responsibilities. Efficiency is compromised by uncoordinated approaches to the development of tools, training and indicators and the resulting need for constant reinvention of initiatives. At the same time, support is required to assist individual programmes, particularly the smaller ones, to customize their approach to their own work environments and ensure that gender inequalities can be not only diagnosed but addressed.

72. In the view of OIOS, all Secretariat programmes covered by the evaluation would benefit from an extension of the current guidance provided by the Office of the Special Adviser on Gender Issues in order to encompass the development of a comprehensive set of common principles, tools and indicators for common tasks. This could include common training for all staff in core principles and approaches, common reporting templates or standards and coordination and advisory functions. A rethinking of the role of gender focal points and gender specialists may also be necessary in order to ensure broader ownership of and accountability for gender mainstreaming in individual programmes; however, focal points should never be viewed as the sole bearers of responsibility for gender mainstreaming in their work units. The implementation of minimum standards, such as those currently under development for the United Nations System Chief Executives Board, could also be useful, particularly if the standards go beyond process issues and encompass expected outcomes. At the same time, the requirements need to be tailored at the programme and subprogramme level and reinforced by capacity-building, including training, so that staff without specialist gender expertise can be confident of their ability to integrate a gender perspective into their own work. A results focus is crucial.

73. The United Nations has made an unqualified commitment to gender equality as an objective and gender mainstreaming as a tool. The evidence presented here suggests that the achievements of gender mainstreaming in the Secretariat as a whole have not matched the expectations established by that commitment. The framework itself has been endorsed in other evaluations and other jurisdictions. By operating across the totality of an organization's activity, rather than just the subset of that activity that is gender-specific, mainstreaming has the potential to exert a powerful impact on gender equality. It is at the level of practice that shortfalls exist. The lack of alignment between policy and practice carries reputational risk to the United Nations. Reinvigoration of the strategy will be needed if it is to deliver on its commitment and generate visible results.

74. The formation of the new gender entity, UN Women, is an opportunity for such reinvigoration. OIOS encourages the architects of that entity to consider the findings

presented in the present report when developing the mandate of the entity and considering its resources and structure.

75. OIOS also suggests that the launch of UN Women provides an opportunity for an early re-evaluation of gender mainstreaming in the Secretariat, building on the baselines established in this report. Such a re-evaluation could be done within three years of the launch of the entity. In the meantime, OIOS believes that gender mainstreaming in the Secretariat could be more effective if steps were taken by the Office of the Special Adviser on Gender Issues and within the programmes themselves to reinforce its implementation within the current framework and actively seek and monitor outcomes.

VI. Recommendations

Recommendation 1

The Office of the Special Adviser on Gender Issues and Advancement of Women should strengthen the central guidance available to Secretariat programmes and ensure greater coordination of their efforts by:

(a) Seeking a visible recommitment to gender mainstreaming at the highest level by developing explicit expectations and accountability for managers and staff at all levels and encouraging the emergence of senior level "champions";

(b) Developing a Secretariat-wide approach to the development of staff capabilities to implement gender mainstreaming, including through the support of training and on-the-job mentoring;

(c) Providing a central hub of expertise to enable gender experts to work together with Secretariat programmes to identify desired outcomes, establish common standards, analyse and compile results into an evidence base and share best practices;

(d) Developing guidelines to ensure that gender mainstreaming is integrated in consistent ways in common Secretariat tasks, including planning, budgeting, monitoring and reporting, and monitoring their application.

Recommendation 2

Each Secretariat programme covered by this evaluation should reinforce its commitment to gender mainstreaming and strengthen its results focus by:

(a) Ensuring that it has developed and disseminated a programme-level gender mainstreaming action plan that is consistent with its strategic framework and contains desired outcomes and indicators for each subprogramme;

(b) Establishing clear expectations for managers and staff at all levels and developing the resources and staff capabilities to deliver on those expectations;

(c) If non-gender specialist focal points are retained, ensuring that they have specific terms of reference, that their gender work is recognized in the performance appraisal process and that they have access to specialist advice and the opportunity to participate in peer-to-peer networks both within and beyond their programmes;

(d) Building an evidence base by actively collecting and analysing outcomes, best practices and lessons learned in gender mainstreaming.

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Eradication of poverty and other development issues: implementation of the Second United Nations Decade for the Eradication of Poverty

Role of microcredit and microfinance in the eradication of poverty

Report of the Secretary-General

Summary

The present report is submitted in response to General Assembly resolution 63/229. It assesses the benefits and limitations of microcredit and microfinance as a poverty eradication strategy, reviews the impact of the financial and economic crisis on microfinance and addresses various measures that Governments are taking to improve the delivery of microfinance services and to build inclusive financial systems. The report concludes with policy recommendations that focus on expanding financial access and strengthening policy coordination to meet poverty and related development challenges.

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I. Introduction

1. In recent years, there has been increasing recognition of the role microfinance can play in providing people living in poverty with basic financial services. The Monterrey Consensus,[1] adopted in 2002, noted the key role of microfinance and microcredit for micro-, small and medium-sized enterprises in strengthening the social and economic impact of the financial sector. The development of microfinance as a strategy to eradicate poverty was a central theme of the International Year of Microcredit in 2005.

2. An important outcome of the International Year of Microcredit was a publication entitled *Building Inclusive Financial Sectors for Development*,[2] widely known as the "Blue Book", which explored obstacles to financial inclusion and appropriate policy responses. The United Nations Advisers Group on Inclusive Financial Sectors, which was established as a follow-up to the International Year, strongly recommends that Governments, regulators, development partners and the private sector, as part of their efforts to reduce poverty, strive to provide greater access to a range of appropriate financial services for poor populations and small enterprises. Importantly, the Advisers Group notes that while wider financial outreach is associated with strong performance in standard economic development indicators, broadening access to financial services is an important policy goal but will not in and of itself eliminate poverty.[3]

3. The Group of 20, at its leadership summit held in Toronto, Canada, in June 2010, endorsed a set of principles to foster an enabling policy and regulatory environment for innovative financial inclusion. The principles were developed under the Group's Financial Inclusion Experts Group, created in September 2009, which will also issue an action plan for enhancing financial access for the poor at its summit to be held in Seoul in November 2010.

4. The present report provides an overview of the contributions of microcredit and microfinance to economic and social development, with particular reference to poverty reduction and social protection. It examines the growth of microfinance, which has the potential to provide a broader development platform, while pointing out its limitations as a universal strategy for poverty eradication and concerns about the drawbacks of unfettered commercialization. The report addresses the impact of the financial and economic crisis on microfinance and identifies aspects of microfinance that may contribute to the development of a more stable financial model. It also addresses key measures that Governments are taking to improve the delivery of services to promote inclusive finance, including through adapting and expanding regulatory frameworks to facilitate market entry and agent banking. The report concludes with a set of policy recommendations.

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[1] *Report of the International Conference on Financing for Development, Monterrey, Mexico, 18-22 March 2002* (United Nations publication, Sales No. E.02.II.A.7), chap. I, resolution 1, annex.

[2] United Nations publication, Sales No. E.06.II.A.3.

[3] United Nations Advisers Group on Inclusive Financial Sectors, "Microcredit, microfinance, inclusive finance: building on success" (2008).

II. Microfinance as a tool for development

A. Background

5. In most developing countries, the percentage of the population with a bank account at a formal financial institution is less than 50 per cent, and in many countries less than 20 per cent, according to the World Bank. Microfinance is widely considered to have emerged as a response to the failure of the formal financial sector to serve the needs of rural populations, informal sector workers and people living in poverty.

6. Microcredit, or small loans provided to poor and low-income people, was intended as a favourable alternative to borrowing from often exploitative local moneylenders. The Grameen Bank's success in Bangladesh has often been held up as a model in demonstrating the creditworthiness of people living in poverty and the potential positive socio-economic impact of microfinance. The Grameen Bank is particularly known for two innovative practices: serving mainly women clients and lending to small groups, with shared liability replacing monetary collateral.

7. As a market-based approach to fighting poverty, microfinance is focused on developing entrepreneurship and expanding self-employment. Microfinance institutions today serve approximately 155 million people.[4] They are characterized by close relationships with clients, simplified procedures and extension of support to clients through group networks and other resources, such as basic loan repayment training. The industry has become highly diverse, reaching various segments of society although not always reaching the poorest. Providers are similarly varied, ranging from non-governmental organizations, cooperatives, government and commercial banks, credit unions, self-help groups and point-of-sale partners such as shops and post offices. Increasingly, technology is helping to facilitate access to financial services and reducing their administrative costs. Product portfolios are widening to include various types of savings and insurance mechanisms, leasing, remittance services, emergency loans and more, reflecting increased recognition of the many dimensions of financial empowerment.

B. Social development benefits

8. In general, poor households in many developing countries face the common challenges of small, irregular and uncertain incomes. People living at or below the poverty line, like wealthier households, resort to the use of credit and savings to smooth their consumption over time, as well as to cope with emergencies or pay for major expenses. A recent study of the financial practices of poor households in Bangladesh, India and South Africa found that the average household in the sample employed 8 to 10 different instruments in the span of a year on multiple occasions. People living in poverty often have to pay for services that many others enjoy for free or pay more than others for using the same services. For example, in parts of Africa and South Asia, deposit collectors are paid in effect a 30 to 40 per cent

[4] Sam Daley-Harris, "State of the Microcredit Summit Campaign report 2009" (Washington, D.C., Microcredit Summit Campaign, 2009).

annual rate for safeguarding small savings.[5] Demand for microfinance is thus based on a range of needs, and there is considerable scope for improving the quality, design and delivery of financial products to be more responsive.

9. Microcredit and microfinance schemes are often accompanied by social service programmes that can empower the poor. In addition to providing funds for microenterprises or financial assistance to cover essential needs, microcredit and microfinance schemes promote the exchange of knowledge and experience within a group, the establishment of credit history and financial experience and the acquisition of livelihood skills and health information. Some institutions integrate the building of skills and knowledge into microfinance programmes, addressing non-income dimensions of poverty and providing business skills needed for successful entrepreneurship. Under the right conditions, microfinance can increase incomes, improve housing and promote better education, health and nutritional practices, as well as lower birth and child mortality rates.[6]

10. There has been significant growth in the microfinance industry. With more than 3,500 institutions worldwide, often serving remote rural areas, microfinance has significant reach as a broader development platform. Many organizations are working to leverage their distribution channels for greater human capital investment. In this regard, health literacy and financing tools, mosquito nets and maternal care are among the products and services that can readily be integrated more widely into microfinance operations. Such integrated service delivery programmes satisfy demand and build loyalty.

Social protection effect

11. Some 75 to 80 per cent of the world's population lacks social protection, which is often understood to consist of a minimum income and livelihood security, as well as access to essential services for vulnerable persons and persons living in poverty. Where a national social protection floor is not yet fully in place, microfinance can bridge an important safety net gap and enhance economic empowerment, factors crucial for the eradication of poverty. Although most microloans are intended for starting up or expanding a business, there is evidence that suggests that they are also used for consumption, including food, education and health. Borrowers of Bank Rakyat in Indonesia use their loans for household needs around 30 per cent of the time.[7] Although the use of loans for such consumption-smoothing can improve family welfare and capital, there is also the risk of creating debt traps.

12. Microinsurance, in particular, is designed to mitigate the risk that persons and households will fall into poverty or that the degree of their poverty will increase. Microinsurance policies generally provide inexpensive limited short-term coverage, most often for risks to life and health but also for property, livestock or crops, against weather and catastrophe, and for funerals and pensions. Nevertheless, despite the significant need in Africa for agricultural risk management to ensure

[5] Daryl Collins and others, *Portfolios of the Poor: How the World's Poor Live on $2 a Day* (Princeton, New Jersey, Princeton University Press, 2009).

[6] Muhammad Yunus, "Poverty as distant history", *Harvard International Review*, vol. 29, No. 3 (fall 2007).

[7] Barbara Kiviat, "Next step for microfinance: taking deposits", *Time*, 30 August 2009. Available from www.time.com/time/printout/0,8816,1918733,00.html.

food security, a study found fewer than 80,000 persons covered by livestock, crop or various agriculture-related index products.[8] There is scope to expand the availability of microinsurance to poor people. Investors and large commercial insurers are increasingly attracted to the industry, whose market potential is estimated to be 1.5 billion to 3 billion policies.[9] There is also scope for innovation in the industry: in one recent pilot project in Bangladesh, refunds or discounts were offered to clients on subsequent premiums when no claims were made during a term.

13. Savings has been referred to as the neglected element of microfinancial services[10] and is often considered a better form of risk protection. Savings require no approvals and can be used flexibly at no cost to productive assets. When people living in poverty have the opportunity to save, they are often prevented from doing so securely in formal institutions because of the constraints imposed by distance, formalities and costs. The need for savings is estimated to be far greater than that for credit. Nevertheless, the reality is that the savings accumulated by poor households is often insufficient to handle large shocks, such as major illness or loss of employment, and the savings gap needs to be covered by other instruments, such as insurance or formal social protection.

Strengthening social inclusion

14. The financial exclusion of people living in poverty is closely linked to such factors as lack of land ownership, statehood or documentation, complex loan requirements, illiteracy and belonging to socially excluded groups.

Gender

15. Microfinance has been advanced as a strategy to promote women's empowerment and gender equality. With women comprising the majority of the world's poor, largely excluded from the formal financial sector and subject to various forms of gender discrimination, there is an urgent need to deepen and broaden their financial inclusion. Currently, women represent more than 70 per cent of all microfinance clients, and more than 83 per cent of the poorest clients.[4] Group interactions and the social ties they cultivate can further increase women's agency and potential for collective action, including intervention in domestic violence cases, reflecting strengthened community capacity to overcome gender barriers.[11]

16. The actual impact of microfinance on women's empowerment, particularly from the perspective of improved gender relations, has been questioned, however. For instance, the much-cited high repayment rates may not indicate higher profits, but rather strict enforcement or a heavier work burden. Even when incomes rise, women's entrepreneurship generally continues to rely on segregated home-based work, limiting meaningful economic empowerment. Moreover, some studies have

[8] Michal Matul and others, "The landscape of microinsurance in Africa", Microinsurance Innovation Facility, Briefing Note 1 (Geneva, International Labour Organization, 2009).

[9] "Insurance in developing countries: exploring opportunities in microinsurance", Lloyd's 360° Risk Insight, 2009. Available from www.riskebiz.com.

[10] See ST/ESA/2009/DWP/83.

[11] Paromita Sanyal, "From credit to collective action: the role of microfinance in promoting women's social capital and normative influence", *American Sociological Review*, vol. 74, No. 4 (2009).

found that microcredit has contributed to the inflation of dowries[12] and that women are used as a conduit for credit by men in the household. Thus, microfinance may not necessarily translate into improved economic and social status for women. An important link, however, has been identified between women's participation in microfinance and a lower incidence of domestic violence.

17. Women have a particular interest in microsavings and microinsurance. Where women have few legal rights, personal savings can serve as an extra buffer in case of unanticipated events such as divorce or widowhood. Women's multiple responsibilities combined with reproductive health needs and vulnerability to violence highlight some of the particular risks to women's health. Microinsurance initiatives are increasingly providing gender-sensitive products. Programmes in Guinea and India include incentives or requirements to cover all family members so that women and girls cannot be excluded. BancoSol in Bolivia partnered with Zurich Insurance to offer comprehensive women's health coverage with a lower-than-average waiting period to boost the availability of maternity benefits.

18. While it is generally accepted that microfinance alone is not a panacea for either poverty or gender inequality, it is increasingly evident that microfinance programmes that carefully incorporate gender considerations and goals into their design will greatly enhance their impact on reducing poverty and gender inequality. Microfinance can and does contribute to some measures of women's empowerment, but it is important to recognize that other factors, such as gender-sensitive legislation and free education, are also crucial and mutually reinforcing.

Older persons

19. It has been projected that with rapid ageing of the population, the old-age dependency ratio will almost triple in less developed regions between 2005 and 2050. At the same time, changing family dynamics are increasing the number of nuclear households, eroding a traditional support mechanism for older persons. With older persons disproportionately affected by poverty, the need for pension protection is assuming even greater importance. Programmes providing income support, savings and other services to older persons can facilitate their full participation in family and community life as well as in the economy.

20. Micropensions, combining microinsurance and microsavings to produce retirement income, are an emerging area of microfinance. The largest initiative is in India, where approximately 85 per cent of the workforce is in the informal sector and a similar percentage of workers do not qualify for a pension. Over the past four years, more than 200,000 workers have enrolled in a micropension scheme developed by Invest India Micro Pension Services, which reduces costs by leveraging technology and existing infrastructure. The programme is being implemented with a range of partners, including state governments, cooperatives, non-governmental organizations and international organizations, and adapted into various models. As one example, the Rajasthan government contributes to the

[12] Santi Rozario, "The dark side of micro-credit", *openDemocracy*, 10 December 2007. Available from http://www.opendemocracy.net/article/asdgn_asdg.

worker's pension account an amount identical to the worker's contribution, subject to a maximum annual co-contribution of 1,000 rupees.[13]

Emerging areas of coverage

Climate change

21. With the growing emphasis on responsible finance, some microfinance institutions are extending their reporting to include social and environmental performance, and some are actively involved in such efforts as fighting climate change. Strategies to reduce poverty and climate change intersect; in the poor countries most affected by global warming, people living in poverty are least able to respond. Unchecked climate change is expected to increase the frequency and severity of natural disasters and disease outbreaks, with serious consequences for health, agriculture and livestock. Those events can have a negative impact on the operations of microfinance institutions, including lowering repayment rates.

22. There are opportunities to encourage microfinance clients to reduce their carbon emissions and improve their health by giving them access to clean energy sources. Typically, the majority of energy consumed by microfinance clients is for home cooking and lighting. In Asia and the Pacific, 74 per cent of the population cooks with solid fuels, the indoor pollution from which is linked to a rate of mortality from respiratory diseases that is three times higher for women than for men.[14] Given that the majority of existing microfinance clients are women and that women bear the bulk of responsibility for household food production and fuel and water supply, microfinance institutions have the potential to influence changes in those areas. Moreover, removing from women and girls the burden of collecting water and traditional fuels can increase their time available for both school and income generation.

23. Microfinance institutions often have among their clients small enterprises that supply renewable energy equipment. Through their established distribution channels, they can make loans to households for the purchase of energy-saving devices and finance the entrepreneurs who supply them to homes and even communities, with ample scope to significantly develop new client bases and portfolios.[15] Grameen Shakti in Bangladesh has installed more than 130,000 solar home systems, which it links to income-generating activities, and 5,000 improved cook stoves. As with similar initiatives of other institutions, it partners with product suppliers for installation and servicing. Energy-efficient devices reduce the need for often expensive traditional energy sources as well as long-term health expenses. Returns are thus often generated from cost avoidance instead of revenue building.

[13] United Nations Development Programme and Invest India Micro Pension Services, "Co-contributory pension and insurance schemes for the working poor: lessons from the Rajasthan government Vishwakarma Yojana", National Policy Workshop for State Governments, New Delhi, 5 December 2009. Available from http://www.micropensions.com/sites/default/files/UNDP-IIMPS_WorkshopReport.pdf.

[14] Eva Rehfuess, "Fuel for life: household energy and health", Geneva, World Health Organization, 2006.

[15] Paul Rippey, "Microfinance and climate change: threats and opportunities", Focus Note No. 53 (Washington, D.C., Consultative Group to Assist the Poor, March 2009).

An important policy consideration is the legal restriction in some countries on extending microcredit for non-productive purposes.[16]

Disaster relief and recovery

24. Microfinance, given the right conditions, can play a significant role in disaster relief and recovery. In post-disaster situations, urgent relief efforts must overcome complicated logistical barriers and may not reach the neediest. Yet microfinance institutions' established grass-roots-level networks have repeatedly proven to be lifelines. This was made evident most recently following the January 2010 earthquake in Haiti. While all commercial banks in Port-au-Prince were out of operation, half of the 42 agencies of Fonkoze, the largest microfinance institution in Haiti, were distributing small sums of cash within four days;[17] it delivered more than $1 million in remittances and savings within a week of reopening.[18]

25. Microfinance institutions were also instrumental in providing assistance following Hurricane Mitch in Nicaragua and Honduras, several cyclones and floods in Bangladesh, typhoon Ketsana in the Philippines and the 2008 earthquake in China. They have distributed emergency cash and goods and provided loans and shelter. There have been cases in which microfinance institutions insisted on timely repayment even after disasters, and debate exists over whether or not loans in such cases should be cancelled or temporarily suspended. In addition to inserting disaster-specific provisions in account policies, some institutions are providing emergency and subsistence loans for disaster preparedness.

C. Limitations of microfinance as a poverty reduction strategy

26. There is still a dearth of hard evidence on the impact and accessibility of microfinance. Oftentimes evidence is anecdotal. Although microfinance has been lauded as a strategy for lifting people out of poverty, many experts assert that it is appropriate and effective only for the entrepreneurial and marginally poor, or even the non-poor, and that it diverts valuable resources. Debate continues over the degree to which microfinance reaches — and helps — the very poor. Whereas the Microcredit Summit Campaign found that more than 68 per cent of all microfinance clients were very poor at the time of their first loan, others assert that microfinance generally does not reach the poorest, who are better served by subsidies, grants and other safety net programmes providing cash transfers, shelter, food aid and employment.

27. Microfinance operates on the premise that poor households earn high returns, as they receive a significant boost from additional income. Yet poor households may have fewer resources with which to make credit productive, such as education, business skills or market contacts, resulting in inadequate returns and a debt

[16] Sunderasan Srinivasan, "Microfinance for renewable energy: financing the 'former poor'", *World Review of Entrepreneurship, Management and Sustainable Development*, vol. 3, No. 1 (2007).

[17] "Big crisis, small help", *Newsweek*, 10 February 2010. Available from: www.newsweek.com/id/233334.

[18] Asma Azmi, "Microfinance: new helpline during natural disasters?", *Microfinance Focus*, 27 February 2010. Available from www.microfinancefocus.com/news/2010/02/27/microfinance-new-helpline-during-natural-disasters.

burden.[19] Two important studies using randomized controlled trial methodologies in India and the Philippines revealed no impact of microfinance on average consumption or welfare.[20] The India study found some positive effects on business outcome and household expenditure, however. Existing business owners increased spending on durables, apparently for business expansion; households considered most likely to start a business reduced spending on non-durables and items such as alcohol and tobacco, apparently to expand an initial investment; and others increased non-durable (e.g. food) consumption. The number of new businesses also rose by one third.[21] As the studies provide short-term assessments, it may be that average consumption failed to increase because clients diverted income into business investments. Thus, improvements in poverty, empowerment, health and education may appear only in the long run.

28. The absence of conclusive evidence that microfinance lifts people above the poverty line should not minimize the evidence that it improves lives by easing the management of expenses and preventing further hardship.[22] Some experts assert that its ability to reduce vulnerability by smoothing consumption and reducing risk may outweigh its income-generation function. Accordingly, its impact on poverty may be less apparent using income measures rather than multidimensional analysis. This approach highlights the need to combine microfinance with complementary interventions that further address aspects of poverty, such as investments in health and skills training.

D. Commercialization of microfinance

29. As microfinance institutions demonstrated the sustainability of microlending, commercial banks have transformed the model into a major global industry. Between 2004 and 2008, such institutions experienced average annual asset growth of 39 per cent and accumulated more than $60 billion in total assets. In 2008, the majority of foreign capital came from private investors interested in the double bottom line of social and financial returns. Some institutions, availing themselves of plentiful private capital instead of limited donor funding, have adopted a for-profit approach. Many contend that such private investment is necessary to achieve the scale needed to affect aggregate poverty levels. Others believe, however, that profit has no place in poverty eradication work, asserting that business interests necessarily put social justice in the back seat, a result referred to as "mission drift".

30. One of the major concerns about the commercialization of microfinance relates to high interest rates. Globally, annual interest rates and fees on microloans average approximately 37 per cent, though they can reach 125 per cent. It has been argued that appropriate interest rates are between 10 and 15 per cent above the cost of

[19] Jonathan Morduch, "How can the poor afford microfinance?", Focus Note (New York, Financial Access Initiative, January 2008).

[20] *Forbes*, "How to measure microfinance's social impact', 2 December 2009. Available from www.forbes.com/2009/12/02/microfinance-poverty-wharton-entrepreneurs-finance-wharton.html.

[21] Abhijit Banerjee and others, "The miracle of microfinance? Evidence from a randomized evaluation" (Cambridge, Massachusetts, Abdul Latif Jameel Poverty Action Lab and Centre for Microfinance, 2009).

[22] Karol Boudreaux and Tyler Cowen, "The micromagic of microcredit", *The Wilson Quarterly* (Washington, D.C., winter 2008).

raising money, yet one estimate found 75 per cent of institutions charging higher rates. It may be that rates vary because of local business costs, reduced access to technology and other factors. Nevertheless, the central argument that higher rates are justified because they reflect the higher cost of providing microfinance services is not entirely convincing. Poor borrowers should not have to pay for inefficient lending. Without necessarily making microcredit unsustainable, interest rates can be lowered by promoting competition and innovation, both of which improve efficiency and lower prices. Consumer education is also key to ensuring that consumers of microfinance services have the skills necessary to make informed financial choices.

31. In many countries, microfinance institutions are required by law to transform into regulated for-profit corporations in order to provide savings and other non-loan services. While such transformation allows institutions to diversify their products to better meet clients' needs, improves access to funding and can enhance management and governance, it also fuels the debate over mission drift.

32. Prior to the economic crisis, the biggest self-reported microfinance industry risks were institutional in nature, such as poor management and increased competition.[23] Along with rapid industry growth, over-indebtedness has also emerged. Some countries with previously robust markets are now showing signs of stress that cannot be fully attributed to the economic crisis, prompting concerns about overheating. A recent study on microfinance markets in Bosnia and Herzegovina, Morocco, Nicaragua and Pakistan, which all experienced significant periods of growth followed by a repayment crisis, found a common set of vulnerabilities. The first is concentrated market competition and multiple borrowing which, although it can in some cases improve repayment rates, will lead to some clients borrowing beyond their means and increasing risk. The second vulnerability is overstretched systems and controls of microfinance institutions, as rapid growth and staffing can compromise quality as well as strain supervisory capacity and the internal controls needed for discipline and security. The third is erosion of lending discipline, as a focus on efficiency and cost savings overshadows customer service and face-to-face relationships. The study also observed that savings was not a key service or funding source in the four markets.[24]

III. Impact of the economic and financial crisis on microfinance

33. As microfinance institutions are increasingly integrated into domestic and international markets, they become more vulnerable to the impact of economic downturns. Part of this vulnerability relates to resource mobilization, as each category of resources is affected differently. Local deposit-taking institutions are generally better insulated than those relying on international funders.

[23] Centre for the Study of Financial Innovation, Citigroup and Consultative Group to Assist the Poor, "A different world. A follow-up to Microfinance banana skins 2009, 'confronting crisis and change'", February 2010. Available from www.citigroup.com/citi/microfinance/data/diff_world.pdf.

[24] Greg Chen, Stephen Rasmussen and Xavier Reille, "Growth and vulnerabilities in microfinance", Focus Note No. 61 (Washington, D.C., Consultative Group to Assist the Poor, February 2010).

34. The impact of the current economic and financial crisis has been compounded by the effects of earlier food and fuel price inflation. A survey in 2008 by the Consultative Group to Assist the Poor of microfinance institutions found that the food crisis led to clients consuming less food as well as cutting back on other spending, including on health, withdrawing savings and, in many cases, struggling with payments. Although prices have since declined, they nonetheless remain higher on average than before the food crisis. In addition, recent high unemployment rates in developed countries have reduced remittance flows. The decreased purchasing power of clients and their need to tap savings to a greater extent decreases the liquidity of microfinance institutions and raises credit risks.

35. While funds continued to grow in 2008, the first five months of 2009 saw a rapid rise in portfolio delinquency, with past due loans increasing from a median of 2.2 per cent to 4.7 per cent and profitability falling by two thirds. Since June 2009, the landscape has improved somewhat. Faced with the prospect of slower growth and reduced new lending, national and multinational development agencies have established emergency liquidity facilities. Some regions have been more affected than others; Central America, Eastern Europe and Central Asia have experienced the greatest impact, while parts of South America and South Asia — most notably, Bolivia and India — have seen few or no signs.[25] Yet institutions in all regions except Africa have reported that the economic crisis is the greatest risk they currently face. Global reporting ranks credit risk, the state of the macroeconomy and funding risk as the most pressing concerns.

36. As the microfinance sector continues to attract significant capital, more institutions are expected to further expand, albeit more slowly and with enhanced risk management. While microfinance is by no means immune to the crisis, it has proven more resilient than commercial banking.

37. As Governments turn to strengthening financial policies to prevent future crises, the timing is ripe to implement changes that broaden access for the poor. In the wake of the crisis and recent bank failures, there may be important lessons to be learned from microfinance principles and practices about how to promote a more socially responsible, stable and sustainable model of finance. We should not overlook the value of having a focus on small, local banks that reward repayment with larger loans and emphasize long-term profitability and shared benefits that are responsive to communities. Responding to local needs with simple and accessible banking that focuses on knowing the clients, providing long-term value, operating with transparency and ensuring that clients understand their rights and responsibilities can serve as a platform for a new finance model.[26] The low rate of loan loss among microfinance institutions demonstrates that such principles are both financially viable and socially responsible.

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[25] Xavier Reille and others, "All eyes on asset quality: microfinance global valuation survey 2010", Occasional Paper No. 16 (Washington, D.C., Consultative Group to Assist the Poor, March 2010).

[26] "The global financial crisis: what does it mean for microfinance?" (Consultative Group to Assist the Poor, Washington, D.C., 15 December 2008).

IV. Strengthening the impact of microfinance on poverty eradication

A. From microcredit to inclusive finance

38. The shift from microcredit and microfinance to inclusive finance begins with the recognition that access to credit alone is insufficient for poverty eradication. A set of useful, flexible services and reliable delivery mechanisms are required to meet a range of changing economic and social needs.

39. Inclusive finance envisions increased outreach to unserved and underserved households as well as to micro-, small and medium-sized enterprises through a continuum of financial institutions offering appropriate products and services to all segments of the population. It takes account of the numerous causes of financial exclusion, the diversity of demand for affordable financial services on the part of poor and low-income clients and the various types of financial service providers, as well as private, public and government sector considerations such as corporate governance and regulation. Inclusive finance is further characterized by sound institutions and financial and institutional sustainability.[2]

40. People living in poverty, like wealthy people, seek portfolios of various financial instruments to manage their range of vulnerabilities with flexibility. They seek to diversify their portfolios to spread risk and avoid dependency on any one instrument. Inclusive finance places emphasis on ensuring access to a wide range of financial services to all households and enterprises. In accordance with this broad vision, enhanced lending to vulnerable and priority sectors can contribute to poverty reduction and inclusive growth with decent work. In particular, small farmers have limited access to services that can help to increase agricultural productivity, and small and medium-sized enterprises at the lower end of the market have been overlooked by mainstream financial institutions. The central bank of Bangladesh recently launched several refinancing support lines to increase lending for agriculture and to small and medium-sized enterprises, as well as for solar, biogas and other renewable energy projects and other sectors.

41. For the first time, Bangladesh Bank set a target for loan disbursements by banks and non-banking financial institutions to small and medium-sized enterprises. Priority is being given to rural populations and women in the production and service sectors. In addition, the agricultural credit programme for the 2010 financial year enjoins all banks to lend for a comprehensive range of on- and off-farm rural economic activities. Along with commercial banks, the central bank initiated several steps to provide accessible loans for farmers, including landless and marginal farmers, which it publicized through a countrywide campaign. The policy changes should be evaluated for their effectiveness and potential replication.

42. On average, loans issued by non-governmental organizations are estimated to be less than one quarter the size of those issued by commercial microfinance banks. This results in higher operating costs, increasing the difficulty and expense of providing services to the very poor (assuming that loan size indicates a client's poverty level). Organizations therefore rely on subsidies or charge higher interest rates, pointing to a trade-off between microfinance outreach and efficiency. Other trade-offs exist among these and additional factors, such as profitability, regulation and competition, underscoring the challenges in reconciling the pursuit of social

objectives and financial efficiency. Those factors must be weighed in the development of microfinance strategies and inclusive financial systems.[27]

B. Government measures to enhance the effective delivery of microfinance services

43. Governments can assume many roles in the building of inclusive financial sectors. They maintain macroeconomic stability through sound monetary and fiscal policies, develop infrastructure, promote financial access and protect customers. Some Governments have provided financial services directly, and some have set up bank incentive programmes.

Market data

44. A study found that fewer than 70 per cent of 139 countries surveyed gathered information on the number of bank deposit accounts, and far fewer countries had information on the number of loans or deposit accounts with regulated non-bank institutions. There is a need for regular, accurate information on standardized indicators for all regulated financial institutions, including the number of deposit accounts and loans, clients and borrowers and financial access points, to guide the design of policies, set priorities and goals and evaluate progress. Regulators can achieve this by setting clear reporting guidelines.[28]

Subsidies

45. The issue of subsidies continues to divide opinion, but may be less relevant amid the influx of private investment and the enhanced use of deposits. An increasing number of microfinance institutions have reached or are approaching sustainability. One view holds that there is no place for State subsidies, which can be put to better use elsewhere. Others argue for short-term subsidies to support institutions until they reach an adequate scale and level of efficiency, wary of the risk of overdependence, which can lead to inefficiency. The Consultative Group to Assist the Poor recommends a five-year limit in its donor guidelines. Another position rejects a solely financial measure of the impact of microfinance and asserts that the goal of financial viability may be incompatible with the mission of poverty eradication. There is also the perspective that carefully designed subsidies of limited duration can achieve a merger of market efficiency outcomes and social benefits. A growing view seeks a shift towards longer-term performance-based contracts between donors or Governments and microfinance institutions. Such contracts would hold institutions accountable for meeting efficiency targets. Broader agreement exists on the use of subsidies to meet the essential needs of the very poor until they "graduate" into microfinance programmes.

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[27] Robert Cull, Asli Demirguc-Kunt and Jonathan Morduch, "Microfinance tradeoffs: regulation, competition, and financing", Policy Research Working Paper No. 5086 (Washington, D.C., World Bank, October 2009).

[28] "Financial Access 2009: measuring access to financial services around the world" (Consultative Group to Assist the Poor, Washington, D.C., 2009).

Regulation

46. The extent of regulation and supervision in microfinance must take account of the need for balance between expanding access and ensuring safety. Some countries, including Nepal and the Philippines, have introduced proportionality in regulation according to which the degree of supervision is linked to the extent and size of deposit services.[29] At the same time, it is important to invest in supervisory capacity to achieve meaningful financial system security. In addition to simplifying and enhancing the flexibility of regulation, Governments may consider permitting the operation of mobile bank branches to facilitate access to financial services. This has been effective in Kenya and other countries.

47. Much debate surrounds the issue of interest rates, which many argue can be unreasonably high and run counter to the goal of financial inclusion. Evidence reveals slower growth in access to finance in countries with interest rate caps. Instead, policies are promoted to encourage competition through such measures as transparent pricing and consumer education requirements to raise efficiency and lower fees. Such steps taken in Cambodia helped to reduce interest rates from over 60 per cent to around 30 per cent.[29]

Government-to-person payments

48. The electronic transfer of Government payments to individuals is a promising tool for building financial inclusion among people living in poverty. Several Governments are delivering social transfers as well as wage and pension payments electronically rather than in person. This mechanism is convenient for recipients and reduces the likelihood of fraud and corruption. Over time, it also lowers administration costs. Brazil was able to reduce the costs of delivering Bolsa Familia grants more than sixfold by adopting electronic benefit cards provided through a Government-owned financial institution. The safe storage of funds in financial institutions and the transactional ability that they can enable are key components of inclusive financial services. Branchless banking can also ensure accessibility. Worldwide, Governments issue regular payments to approximately 170 million people living in poverty. However, fewer than one quarter in most countries are issued to financially inclusive accounts. Research shows that recipients of those payments do indeed utilize financial services when offered them.[30]

Market infrastructure

49. Sound market infrastructure can help to reduce microfinance risks by making financial performance information available regularly. Investments can be directed towards the establishment of credit information bureaux, performance disclosure standards, external ratings and standards for external audits. The use of social performance management and portfolio testing tools by microfinance institutions is increasing and can contribute to external evaluations. The central bank of the Philippines recently approved rules and regulations for the recognition and derecognition of agencies that rate banks having microfinance operations with the

[29] United Nations Capital Development Fund, "Widening access to financial services for balanced economic growth", May 2009. Available from http://www.uncdf.org/english/news_and_events/index.php?record=72.

[30] Mark Pickens, David Porteous and Sarah Rotman, "Banking the poor via G2P payments", Focus Note No. 58 (Washington, D.C., Consultative Group to Assist the Poor, December 2009).

aim of building an enabling environment for accurate and objective third-party ratings.[31]

50. Credit information bureaux, which provide lenders with borrowers' credit histories, are becoming essential for risk management. Countries with higher-quality credit information systems also have higher rates of individual lending. Regulators are increasingly promoting and requiring the sharing of credit information through public registries, which collect data on regulated providers, or private registries, which gather information on both regulated and non-regulated providers. As many non-regulated entities serve people living in poverty, collaboration between public registries and private bureaux is crucial. In Ecuador and Peru, public registries are shared with approved credit bureaux.[28]

Consumer protection

51. As more commercial banks enter the microfinance industry seeking a return on their investment, greater attention is being paid to strengthening consumer protection. Microfinance clients may be particularly vulnerable, as many were previously excluded from access to finance and may be disproportionately illiterate. Governments can focus measures on disclosure requirements, lender practice prohibitions and requirements, complaints and disputes. Most countries have requirements for the disclosure of loan interest rates, although the disclosure of penalties, terms and conditions and changes in terms may also be required. Regulators in Peru require lenders to post sample loan repayment schedules, and some countries mandate plain language.[28] Although difficult to enforce, such requirements improve transparency.

52. Lender prohibitions and requirements often seek to prevent the pressuring of potential clients to take loans and abusive debt collection practices. Mechanisms for redressing grievances should be in place to deal with any problems that arise. The Micro Finance Regulatory Council of South Africa, for example, has a toll-free call centre that connects consumers to complaints officers.[32]

Financial literacy

53. Financial literacy helps clients to better manage risks and utilize financial services, enhancing the contribution of finance to poverty eradication. Governments can expand financial literacy through school programmes, national campaigns and information and communication technology channels, as well as by promoting and clearly defining requirements for the provision of financial education by financial institutions. The central bank of Uganda recently announced a plan to partner with the education ministry on incorporating financial literacy programmes into school curriculums.

54. Many microfinance institutions and non-profit organizations provide training in financial literacy. Compartamos Banco in Mexico has offered courses since it

[31] Lailany P. Gomez, "BSP issues microfinance rating rules", *The Manila Times*, 31 March 2010. Available from www.manilatimes.net/index.php/business-columns/14442-bsp-issues-microfinance-rating-rules.

[32] David Porteous and Brigit Helms, "Protecting microfinance borrowers", Focus Note No. 27 (Washington, D.C., Consultative Group to Assist the Poor, May 2005).

went public, with 60,000 clients participating in the first year.[33] The Aflatoun programme provides social and financial education to young children in schools and non-formal education settings in 41 countries.

Infrastructure and technology

55. Advancements in technology have fuelled the growth of microfinance. Among the most promising of current developments for expanding financial access to people living in poverty is branchless banking. Such banking allows for the provision of a range of financial services in the absence of physical bank branches, especially in rural and remote areas, through mobile phones, bank cards and banking agents. Agents are local partners already established in communities, such as retail stores, gas stations, kiosks or post offices. By relying on existing infrastructure, operational costs are reduced significantly, and clients benefit from convenience and time savings. The Internet is further expanding the reach of microfinance, including through several websites that allow anyone to extend small loans through connections to microfinance institutions.

56. Currently, 65 mobile money systems, termed m-banking, are in operation globally, and more than 80 more will soon be launched.[34] Most programmes are run by telecommunications companies supported by non-bank agents, such as mobile phone or airtime vendors. The systems generally allow for money transfers, which are especially valued for sending remittances. This function has significant implications for the African region, where between 30 and 40 per cent of all remittances are directed to rural areas and transfer costs are very high because of a limited number of payout locations.[35] Most recently, the m-Pesa mobile money transfer service in Kenya partnered with Equity Bank to provide savings services, called m-Kesho. Subscribers can open savings accounts, earn interest and access credit and insurance.

57. Branchless banking poses new challenges for regulators, who must address such issues as liability to clients, the range of services agents can provide, customer protection, liquidity management and agent security. Regulators permit agent banking in 40 per cent of 139 countries surveyed, of which more than half allow payment-related services. Non-bank actors are also using agents to provide financial services. The opening of postal branches to professional financial service providers can greatly expand access at significant savings for financial institutions and generate revenue for postal systems. India's post office savings bank retail network offers payment and savings services through 155,000 branches, 90 per cent of which are in rural areas.[28]

58. A recent study found that although most microfinance institutions are interested in information and communications technologies, a low adoption rate exists partly because of inadequate electricity supplies. Some 70 per cent of institutions at the branch level had occasion to frequent electricity cuts, and 17 per cent in Africa had no supply.[36] Despite the potential of branchless banking, a lack of

[33] *The Economist*, "Doing good by doing very nicely indeed", 26 June 2008.

[34] Jane Wakefield, "Mobile banking closes poverty gap", 28 May 2010. Available from www.bbc.co.uk/news/10156667.

[35] *Sending Money Home to Africa: Remittance Markets, Enabling Environment and Prospects* (Rome, International Fund for Agricultural Development, November 2009).

[36] Asako Matsukawa, "Is ICT fueling the growth of microfinance institutions?", *Microfinance Insights* (Mumbai, India, Intellecap, 2010).

reliable infrastructure in many developing countries inhibits its scaling-up, pointing to the need for a range of investments that complement microfinance if it is to achieve its full social and economic impact and reduce poverty. In addition to energy infrastructure, these must apply to transport, health care, technological innovation, employment and entrepreneurial skills training.

V. Conclusions and recommendations

59. **The present report underscores the contribution of microfinance to reducing vulnerability among people living in poverty by smoothing consumption and generating self-employment, which can play a social protection role. The impact of microfinance may be reflected less in income measures than in broader dimensions of poverty, such as access to health or education. This perspective highlights the need to complement microfinance services with other development strategies focused on building human capital and creating an enabling environment to maximize the poverty eradication potential of microfinance.**

60. **Inclusive financial systems provide access to a range of services responsive to varied demand among all households and small and medium-sized enterprises. Further research and analysis of financial practices, particularly among poor households, is needed to enhance the quality, structure and availability of financial products. There is great scope for microfinance to further contribute to poverty eradication and other development goals, particularly in the areas of environment, health and social inclusion. Microfinance can thus serve as a broader development platform and advance progress towards the achievement of the Millennium Development Goals.**

61. **In the wake of the financial and economic crisis, the fundamentals of microfinance may offer lessons for a new, more stable financial model. The principles and characteristics of microfinance, including the focus on small, local banks, simple and accessible services, knowledge of and provision of education to clients, transparency and long-term profitability, can contribute to socially responsible and sustainable finance. With the world's attention focused on financial policy reform, Governments should seize the opportunity to extend access to financial services.**

62. **Policies should provide for regulatory frameworks that permit diverse institutions and bank agents to deliver varied and innovative financial services, contingent on fulfilling proportional requirements that provide for adequate consumer protection. Additional measures should include regularly collecting and managing data on financial access, developing sound market infrastructure and promoting financial literacy. Electronic government-to-person payments may also be considered as a cost-effective means to advance financial access. Financial inclusion policies should be developed in coordination with other social, economic and environmental policies to ensure adequate attention to and investment in areas such as health care, energy, education and livelihood skills, technology and transport, which complement and support the positive effects and potential of microfinance.**

63. **Governments may wish to consider the following recommendations towards strengthening financial inclusion:**

(a) Adapt regulatory frameworks to expand the range of institutions permitted to provide savings and other non-lending services by providing for proportional supervision so as to enhance competition and widen financial access to people living in poverty;

(b) Expand regulatory frameworks to enable agent banking, in accordance with balanced and appropriate controls and protections, with a view to supporting the scaling-up of branchless banking;

(c) Establish clear reporting guidelines for regulated financial institutions while supporting the development of and coordination with an effective market infrastructure, including in particular credit bureaux, to facilitate the availability of regular and accurate market data for use in product development and regulation;

(d) Expand partnerships and coordinated investment in employment and in the development of entrepreneurial skills and infrastructure as key means of enhancing microfinance outcomes among excluded households and enterprises;

(e) Develop mechanisms to strengthen financial policy coordination to improve responses to complex and interlinked development challenges, including poverty, climate change and social exclusion;

(f) Strengthen support to local and community banks and to financial literacy programmes and promote know-your-client principles so as to ensure long-term financial sustainability;

(g) Encourage empirical research into the impact of microcredit and microfinance on accelerating poverty reduction and expanding social protection, including improved data collection to achieve this purpose.

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Advancement of women

Supporting efforts to end obstetric fistula

Report of the Secretary-General

Summary

The present report was prepared in response to General Assembly resolution 63/158. Obstetric fistula is a devastating childbirth injury that leaves women incontinent and often isolated from their communities. It is a stark example of continued poor maternal and reproductive health services and an indication of high levels of maternal death and disability. The report outlines the efforts made at the international, regional and national levels, including by the United Nations system, to end obstetric fistula. It concludes with recommendations that efforts to end obstetric fistula be intensified as part of support for the achievement of Millennium Development Goal 5, on improving maternal health, including the strengthening of health-care systems and increasing the levels and predictability of funding.

* A/65/150.

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I. Introduction

1. The present report is submitted in accordance with General Assembly resolution 63/158, in which the Assembly requested the Secretary-General to submit to it at its sixty-fifth session a report on the implementation of the resolution under the agenda item entitled "Advancement of women".

2. Reproductive health problems remain the leading cause of ill health and death for women of childbearing age worldwide. Impoverished women, in particular those in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections, including HIV, gender-based violence and other problems related to their reproductive system. The education and empowerment of women are crucial in preventing obstetric fistula and improving maternal health. Educated women are better able to understand the need for appropriate care during pregnancy and delivery and are more likely to be prepared to delay marriage until an appropriate age, prevent early pregnancies and exercise their reproductive health choices.

3. The present report, while outlining the main causes of obstetric fistula and the efforts of the international community and the United Nations system to address it, draws attention to the urgent need for a commitment to address the issue of obstetric fistula within the context of the broader efforts being made towards the achievement of Millennium Development Goal 5, on improving maternal health and achieving universal access to reproductive health by 2015.

II. Background

4. Obstetric fistula is one of the most devastating consequences of neglect during childbirth and a stark example of health inequity in the world. Although the condition has been eliminated in the developed world, obstetric fistula continues to afflict the most impoverished women and girls, most of whom live in rural and remote areas of the developing world. Historically, obstetric fistula has been a neglected reproductive health and human rights issue. Putting an end to obstetric fistula necessitates addressing its medical and socio-economic determinants, from access to quality maternal health services to the elimination of gender-based social and economic inequities; preventing child marriage and early childbearing; and providing equitable access to sexual and reproductive health services and basic education.

5. The main cause of obstetric fistula, namely obstructed labour, is one of the leading causes of maternal mortality in the developing world. When a woman undergoes prolonged obstructed labour without receiving timely medical and/or surgical care, typically a Caesarean section, the pressure of the baby's head can cause extensive damage to organs in her pelvis. If she survives, the woman may be left with a hole between vagina and bladder, or vagina and rectum, that constantly leaks urine and/or faeces.

6. The medical and social consequences of obstetric fistula can be life-shattering for women and their children. In almost 90 per cent of fistula cases, the baby is

stillborn or dies within the first week of life.[1] The woman is not only left with chronic leakage of urine and/or faeces, but may also experience neurological disorders and orthopaedic injury, bladder infections, painful sores, kidney failure or infertility. The smell from the constant leakage combined with misperceptions about its cause often results in stigma and ostracism by communities. Many women are abandoned by their husbands and their families and often cannot participate in daily family and community life. They may find it difficult to maintain a source of income or support, thereby deepening their poverty. Feelings of isolation may affect their mental health, resulting in depression, low self-esteem and, in some cases, suicide.

7. While precise figures are lacking, it is generally accepted that at least 2 million women, perhaps as many as 3.5 million, suffer from obstetric fistula.[2] The World Health Organization (WHO) estimates that each year approximately 50,000 to 100,000 women worldwide are affected by obstetric fistula.[3] That figure may be an underestimate, as it is based on facility data, and a significant number of the impoverished women from rural and remote areas in developing countries who experience complicated labour are likely never to reach a hospital. Obstetric fistula has the highest prevalence in sub-Saharan Africa and South Asia, where the majority of maternal deaths occur and maternal mortality ratios often exceed 250 per 100,000 live births.[4] The lifetime risk of maternal death in those regions can be 1,000 times greater than in industrialized regions, representing the greatest health inequity in the world. In Asia, Latin America, the Caribbean and the Arab States, progress has been made with regard to reducing maternal mortality, but some countries and certain populations in those regions continue to experience high rates of maternal death.

8. Obstetric fistula is almost entirely preventable when there is universal and equitable access to quality maternal and reproductive health services. The same interventions that prevent maternal mortality can also prevent maternal morbidity. Improving maternal and reproductive health has to be a country-owned and country-driven development process, in the context of the strengthening of the country's national health plan and health-care system. The current situation reflects the weakness of health-care systems, including inadequately trained human resources; the unavailability of essential medicines and medical equipment; and the lack of easy access to quality maternal and reproductive health services in many developing countries. Within the context of maternal and reproductive health, three interventions have the most important and immediate impact on maternal death and disability: family planning; attendance during childbirth by skilled health personnel, such as a midwife; and emergency obstetric care, in particular Caesarean sections.

9. The persistence of obstetric fistula in the developing world reflects not only health-care system constraints but also the broader economic and socio-cultural challenges facing women and girls. Poverty and gender inequality impede women's opportunities, including access to health services. Cultural constraints favouring

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[1] L. L. Wall et al., "The obstetric vesicovaginal fistula: characteristics of 899 patients from Jos, Nigeria", *American Journal of Obstetrics and Gynecology*, vol. 190, No. 4 (April 2004).

[2] *The Lancet*, vol. 368, issue 9542 (30 September 2006).

[3] See http://www.who.int/features/factfiles/obstetric_fistula/en/.

[4] M. C. Hogan, K. J. Foreman, M. Naghavi, S. Y. Ahn, M. Wang, S. M. Makela, A. D. Lopez, R. L. Lozano, C. J. Murray. "Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5", *The Lancet*, vol. 375, issue 9726 (8 May 2010).

unassisted home delivery, including the use of traditional birth attendants, inhibit the utilization of maternal health services. The cost of health care can be financially prohibitive for poor and low-income families, especially when complications such as obstructed labour occur. In addition, lack of preparedness and deficiencies in other infrastructure, including in the areas of transport and communications, further compound the difficulty of accessing maternal and reproductive health services. These factors are involved in the three delays that impede women's access to health care: the delay in seeking care; the delay in arriving at a health-care facility; and the delay in receiving adequate care once at the facility.

10. Adolescent girls are particularly at risk for obstetric fistula and face a risk of maternal death two to five times greater than that faced by women in their twenties. There is evidence that delaying pregnancy until after adolescence may reduce the risk of obstructed labour and therefore of obstetric fistula. Sixteen million adolescent girls give birth each year, with almost 95 per cent of those births occurring in developing countries.[5] Malnutrition among girls may inhibit normal pelvic growth. Consequently, pregnancies that occur early, before the pelvis is fully developed, can increase the risk of obstructed labour. Generally, first-time births carry the greatest risk of obstetric fistula and require closer monitoring. Establishing positive habits among first-time mothers and their partners regarding delivery and birth-spacing choices is also likely to shape lifelong behaviours.

11. Socio-economic determinants such as child marriage also contribute to early pregnancy and childbearing, heightening the risk of obstetric fistula. Evidence demonstrates that impoverished, marginalized girls are more likely to marry as children and to give birth during adolescence than girls with greater economic and educational opportunities. Although age at marriage is rising in general, it is expected that more than 100 million girls in developing countries will be married before the age of 18 in the next decade.[6]

12. Reconstructive surgery can repair fistula injury; most women can be treated and, with appropriate psychosocial care, reintegrated into their communities. However, few health-care facilities are able to provide high-quality fistula treatment owing to the limited number of health-care professionals with the appropriate skills. In addition, even existing facilities suffer from a lack of health-care staff, equipment and medical supplies. Many women are not aware of, cannot afford and/or cannot reach the appropriate services even when they are available. Moreover, owing to the social and psychological consequences of living with obstetric fistula, women also need support in order to rebuild their self-esteem and to reintegrate into society, a process that includes appropriate counselling services, health education, literacy and vocational training.

13. As part of its commitment to universal access to reproductive health, in 2003, the United Nations Population Fund (UNFPA), with its partners, launched the global Campaign to End Fistula, with the objective of eliminating obstetric fistula by 2015.[7] The Campaign has helped to highlight the urgent need to reduce maternal mortality and morbidity so as to improve women's health. The Campaign is aimed not only at the achievement of Millennium Development Goal 5, but also at

[5] See http://www.who.int/making_pregnancy_safer.

[6] United Nations Population Fund, *Giving Girls Today and Tomorrow: Breaking the Cycle of Adolescent Pregnancy*, 2007.

[7] See http://www.endfistula.org/campaign_brief.htm.

complementing Goal 3, to empower women and to promote gender equality. The Campaign is now active in more than 47 countries, in Africa and Asia and among the Arab States. An International Obstetric Fistula Working Group, coordinated by UNFPA, also created in 2003, which comprises academic institutions, professional associations, faith-based organizations and health facilities, promotes the global coordination of the efforts made by the Campaign. It strives to ensure that the issue of obstetric fistula is situated in the context of efforts to reduce maternal mortality and morbidity and to generate a consensus and evidence regarding effective strategies for the treatment of fistula and the reintegration of women living with the condition. The Working Group has identified four major areas of work and established specific working groups on partnership and advocacy, data indicators and research, treatment and training, and reintegration.

III. Efforts at the intergovernmental and regional levels

A. Intergovernmental efforts

14. For two decades, the United Nations and the international community have campaigned to reduce maternal mortality and morbidity. Global commitments were first made at the 1987 International Safe Motherhood Conference, held in Nairobi. At the 1994 International Conference on Population and Development, held in Cairo, maternal health was recognized as a key component of sexual and reproductive health. In 1995, at the Fourth World Conference on Women, held in Beijing, Governments recognized that entrenched patterns of social and cultural discrimination were major contributors to sexual and reproductive ill-health, including maternal death and disability, along with lack of information and services. Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women requires States to ensure that women have appropriate services in connection with pregnancy, childbirth and the post-natal period. Article 24 of the Convention on the Rights of the Child also requires that States take adequate measures to ensure appropriate prenatal and post-natal health care for mothers.

15. In 2000, world leaders reaffirmed their commitments to improve maternal health through Millennium Development Goal 5, setting a target to reduce the maternal mortality ratio by two thirds by 2015 (see A/56/326). The same interventions that reduce mortality also prevent morbidities, including obstetric fistula. The subsequent addition of the target of universal access to reproductive health care under Goal 5 ensures full coverage of all factors necessary for improving maternal health. The other Goals, in particular Goals 3, 4 and 6, are closely related to women's health and survival. Currently, progress towards Goal 5 lags behind that made on all the other Goals, and efforts to achieve it have the lowest level of financial support. Of the 68 countries that account for most maternal and child deaths, only 16 per cent are on track to reach Goals 4 and 5 by 2015.[8]

16. The General Assembly first recognized the problem of obstetric fistula in 2005 in its resolution 60/141, entitled "The girl child", in which it urged States to promote gender equality and equal access to basic services in the areas of education, nutrition and health care, including sexual and reproductive health. It identified

[8] See http://www.thelancetglobalhealthnetwork.com/wp-content/uploads/2008/04/countdown.pdf.

early childbearing and limited access to sexual and reproductive health care as key factors in the persistence of obstetric fistula, maternal mortality and other morbidities.

17. In 2007, the Commission on the Status of Women focused on strategies for the elimination of all forms of discrimination and violence against the girl child. In the adopted agreed conclusions (see E/2007/27, chap. I, sect. A), among other things, it urged Governments to take the measures necessary to ensure the rights of the girl child in areas such as education and health, including reproductive health information and services. It also recognized the higher risk of obstetric fistula and maternal death among adolescents.

18. In 2008, for the first time, the General Assembly acknowledged obstetric fistula as a major issue in women's health by adopting resolution 63/158, entitled "Supporting efforts to eliminate obstetric fistula", which was sponsored by 138 Member States. In the resolution, the Assembly recognized the interlinkages between poverty, malnutrition, inadequate or inaccessible health-care services, early childbearing and child marriage as the main causes of obstetric fistula. It stressed the obligation of States to promote and protect all human rights and fundamental freedoms of women and girls. It further invited States to contribute to efforts to end obstetric fistula, including to the UNFPA-led global Campaign to End Fistula.

19. On the fifteenth anniversary of the Beijing Declaration and Platform for Action, the Commission on the Status of Women, at its fifty-fourth session, held in March 2010, adopted a resolution entitled "Eliminating preventable maternal mortality and morbidity through the empowerment of women". In the resolution, the Commission recognized the need for greater coordination, global cooperation and commitment to achieving universal access to health services for women and girls through a primary health-care approach and evidence-based interventions, including the provision of sexual and reproductive health-care services, including family planning, in line with the Beijing Platform for Action and the Cairo Programme of Action.

20. At its eleventh session, in June 2009, the Human Rights Council adopted resolution 11/8, entitled "Preventable maternal mortality and morbidity and human rights". In the resolution, the Council requested the Office of the United Nations High Commissioner for Human Rights to prepare a thematic study on preventable maternal mortality and human rights, in consultation with States, WHO, UNFPA, the United Nations Children's Fund (UNICEF), the World Bank and other relevant stakeholders. At its fourteenth session, in June 2010, the Human Rights Council considered the resulting study, which identifies the human rights dimensions of preventable maternal mortality and morbidity in the existing international framework. The study, endorsed by 108 countries, includes an overview of initiatives and activities undertaken within the United Nations system aimed at addressing the causes of preventable maternal mortality and morbidity and identifies ways in which the Council can add value to existing initiatives through a human rights analysis.

21. In 2009, members of the Partnership for Maternal, Newborn and Child Health[9] reached agreement on the Global Consensus on Maternal, Newborn and Child Health, with the aim of making every pregnancy wanted, every birth safe and every

[9] See http://www.who.int/pmnch/en/.

newborn and child healthy. The framework highlights the need to align actions in the areas of politics, finance, and delivery with a cohesive set of policies and priority interventions with regard to which stakeholders can take action.[10]

22. At the second Women Deliver conference, held in Washington D. C., in June 2010, more than 3,000 participants from all over the world gathered for a discussion on the theme "Delivering solutions for girls and women". Representatives of 115 countries, including ministers, first ladies and parliamentarians, came together to mobilize political and financial support for women's health, in particular to prevent maternal death and disability. They highlighted the fact that the Millennium Development Goals will not be achieved if there is no investment in women and girls, and stressed that maternal and reproductive health needs were a global priority. The conference ended with a Ministers' Forum statement acknowledging collective responsibility to improve the health of women and girls, especially in developing countries, and reconfirmed girls and women's health as a human right.[11]

B. Regional efforts

23. Concerned about the lack of progress on Goals 4 and 5, the African Regional Reproductive Health Task Force in 2003 called on African countries to develop a road map for accelerated maternal and newborn mortality reduction. The plan, endorsed by WHO, UNFPA, UNICEF, the World Bank and other partners, aims to help Governments plan and mobilize support for skilled attendance during pregnancy, childbirth and the post-natal period, at all levels of the health-care system, and to strengthen national health-care systems. To date, more than 40 African countries have developed road maps. Such plans contribute to progress in planning and programming, and it is expected that domestic and international financial support will lead to substantial progress in the area of maternal, newborn and child health.

24. Recognizing that African countries are less likely to achieve the Millennium Development Goals in the absence of significant improvements in the sexual and reproductive health of Africans, the second ordinary session of the Conference of African Ministers of Health, meeting in Gaborone in October 2005, adopted the Continental Policy Framework on Sexual and Reproductive Health and Rights, which was endorsed by African Union Heads of State in January 2006. The Framework, more popularly known as the Maputo Plan of Action, addresses the reproductive health and rights challenges faced by Africa and features a substantial component on obstetric fistula as part of a comprehensive reproductive health strategy. It calls for the strengthening of the health sector through increased resource allocations for health. It also addresses the mainstreaming of gender issues into socio-economic development programmes and sexual and reproductive health commodity security. The African Union Ministers of Health recommended that sexual and reproductive health be among the six highest priorities of the health sector.

25. At the Africa regional conference on fistula and maternal health held in Côte d'Ivoire in October 2008, participants from non-governmental organizations

[10] http://www.who.int/pmnch/topics/maternal/consensus_12_09.pdf.

[11] http://www.womendeliver.org/assets/Ministers_Forum.pdf.

launched an African regional network of civil society organizations with the overall aim of promoting South-South cooperation to advance the fistula and maternal health agenda. The network serves as a solid platform for leveraging technical and financial resources so as to effectively address the issue of obstetric fistula and promote maternal health.

26. The Campaign on Accelerated Reduction of Maternal Mortality in Africa is an initiative aimed at promoting and advocating the renewed and intensified implementation of the Maputo Plan of Action in Africa. UNFPA, UNICEF, WHO, bilateral donors and civil society organizations support the Campaign at the national, regional and global levels. The Campaign, which is a country undertaking, uses policy dialogue, advocacy and community mobilization to enlist political commitment, increase resources and effect societal change in support of maternal health. In July 2010, African Union Heads of State committed to launching the Campaign in all countries and broaden it as an advocacy strategy for the promotion of maternal, newborn and child health.

27. In Asia, the South Asian Association for Regional Cooperation (SAARC), under its 2005-2010 Development Goals, incorporated the issue of maternal health, focusing on reducing maternal mortality and improving nutritional standards for adolescent girls and pregnant women. Key targets include increased skilled birth attendance, pre- and post-natal care and a rapid decline in total fertility rates. SAARC has also initiated a regional maternal, newborn and child health project aimed at strengthening infrastructure; improving the skills and capacities of health-care providers; and improving referral transportation.

28. A Regional Network for Maternal and Neonatal Mortality and Morbidity Reduction is active in South Asia. Members of the Network include the United Nations system, non-governmental organizations, professional associations, regional development banks and SAARC. The Network has identified as priorities the strengthening of health-care systems, focusing on the health-care workforce; improving the quality of services; scaling up the number of community midwives; and demand creation linked to efforts to improve service affordability. Collective action is focused on advocating for skilled human resources for maternal, newborn and child health.

29. A Regional Inter-agency Task Force for the Reduction of Maternal Mortality was established almost a decade ago in the Latin American and Caribbean region to address regional challenges in the area of maternal mortality and morbidity reduction. Members include United Nations agencies, bilateral donors, development banks and non-governmental organizations. The Task Force meets regularly and is guided by an inter-agency strategic consensus developed in 2002. Current priorities include mobilizing political commitment; collecting and analysing data to demonstrate the extent of the problem and to identify the populations most affected; and capacity development in the strengthening of health-care systems.

IV. Recent actions taken by the international community and the United Nations

A. Data collection and analysis

30. In order to make data available, the Geneva Foundation for Medical Education and Research and WHO have developed a tool that allows for centralized data entry, analysis and comparison across sites. A compendium of indicators has been developed to assist countries in reinforcing their health information systems and to contribute to national household surveys in addressing the issue of obstetric fistula. In addition, a standardized fistula module for inclusion in country demographic health surveys and national health maternal information systems has been developed and used in the demographic health surveys of Nigeria (2008) and Kenya (2009).[12] In Nepal and Bangladesh, a system for the monitoring of obstetric fistula cases is being initiated, with the objective of finding unreported cases. The model offers an example of a public-private partnership in which private practitioners, gynaecologists and obstetricians serve as primary reporting units for their registration, notification and reporting of cases to the government. The government machinery then helps in the treatment, rehabilitation and reintegration of the persons concerned, with support from UNFPA.

31. As the issue of obstetric fistula becomes increasingly visible, countries are taking the initiative, often with support from the Campaign to End Fistula, to conduct national research and analyse national data. In 2008, seven countries made available data on fistula through national demographic health surveys reports. The Democratic Republic of the Congo, Ethiopia, Malawi, Mali, the Niger, Pakistan and Uganda all included fistula-related questions in their demographic health surveys to identify, among other things, the prevalence of and awareness of fistula. Maternal death and near-miss[13] reviews are increasingly recognized and utilized as a means of improving quality assurance. Reviewing the way in which cases of maternal death and severe complications are handled makes it possible to understand where the quality of care needs to be increased.

32. Conducted in partnership by UNFPA, UNICEF, WHO and the Averting Maternal Death and Disabilities Programme of Colombia University, New York, an increasing number of countries in Africa, Asia and Latin America are conducting emergency obstetric and newborn care needs assessments. The revised emergency obstetric and newborn care situation analysis tool, which includes an obstetric fistula module, has been utilized in countries such as Gabon, and it is envisioned that additional countries will use it to increase the availability of data on fistula and contribute to a more comprehensive understanding of maternal health.

33. Accurately reflecting the magnitude of the problem of obstetric fistula is an important step towards eliminating it. Johns Hopkins University, UNFPA and WHO, in collaboration with medical and national institutions in several countries, are conducting a multi-centric study aimed at examining the links between surgical prognosis and treatment and long-term health, psychosocial status and reintegration

[12] http://www.measuredhs.com/aboutsurveys/search/listmodules_main.cfm.

[13] A near miss is understood as a severe, life-threatening obstetric complication necessitating urgent medical intervention in order to prevent the likely death of the mother (WHO, *Beyond the numbers*, 2004).

outcome following surgery. The results of the study will help develop a prognostic-based classification system for obstetric fistula, guide advocacy and devise appropriate, cost-effective, feasible programmes and national strategies.

34. In 2009, a midterm evaluation of the Campaign was conducted by UNFPA with the aim of taking stock of the progress made since its launch in 2003. Particular emphasis was placed on the effectiveness and efficiency of programmes at the national, regional and global levels. The exercise culminated in constructive recommendations for action at all three levels and strongly called for increased technical assistance to countries; the promotion of family planning and maternal health as part of a broader prevention strategy; improving the quality of treatment services; advocacy of awareness-raising programmes and social change; the promotion of monitoring and evaluation; and enhanced resource mobilization at the global and national levels.

B. Prevention strategies and interventions to achieve maternal health goals and eliminate obstetric fistula

35. The factors that lead women to develop obstetric fistula are the same as those that cause maternal morbidity and mortality. Obstetric fistula can be prevented as part of the efforts made to achieve Millennium Development Goal 5, through universal access to high-quality and accessible reproductive health services with the potential for immediate impact, such as family planning, skilled birth attendance and emergency obstetric care.

36. Access to family planning ensures that every pregnancy is wanted and helps prevent a recurrence of obstetric fistula during future pregnancies of fistula victims. Estimates indicate that 137 million women around the world still have an unmet need for contraception. In sub-Saharan Africa, the contraceptive prevalence rate remains under 20 per cent, while the unmet need stands at 27 per cent. In order to help meet the unmet need for family planning, in particular in isolated areas, many countries have enlisted community health workers to provide primary care, including family planning education and services at the community level.

37. The likelihood of the prevention of death or disability during labour and delivery is greatly increased by the presence of a skilled professional such as a midwife. In regions with high maternal mortality and morbidity rates, the proportion of births attended by a skilled professional averaged 47 per cent, with extremes of 7 per cent, as is the case in Ethiopia. The detection of obstructed labour and access to Caesarean section are crucial in the prevention of obstetric fistula. This is possible if it is ensured that women have access to basic emergency obstetric and newborn care at birth and to comprehensive emergency obstetric care when complications arise. In 2008, UNFPA, in collaboration with the International Confederation of Midwives, launched the Midwives Programme, with the goal of improving skilled attendance at birth in low-resource settings by developing the foundations of a sustainable midwifery workforce. By the end of 2009, the Programme was active in 15 countries, mainly in Africa and among the Arab States, and in a few countries in Latin America. Plans are under way to expand to another six to eight countries in Asia and Africa in 2010.[14]

[14] UNFPA, *Annual Report 2009 — Campaign to End Fistula.*

38. Access to services is the greatest challenge in the prevention of maternal mortality and morbidity. The findings of the emergency obstetric care needs assessments are used as a basis for regional and district-level planning for improving access to quality maternity services. In Eritrea, maternity waiting homes were used as a key strategy for bridging the geographical "gap" in access to obstetric care. In Guinea-Bissau, intensive efforts are being made to decentralize maternal health services by reinforcing health centres in emergency obstetric and newborn care and by subsidizing Caesarean section kits for marginalized and poor communities. In order to increase the geographical distribution of emergency obstetric and newborn care services in Somalia, UNFPA, in the very difficult context of civil war, provided support to its implementing partners for the conduct of an 18-month training course for 20 community midwives selected from remote districts.

39. As cost or a user fee is a serious barrier to access to and utilization of prevention services, some countries have taken serious steps with respect to the practice of charging user fees at the time of service. In several countries in Africa and Asia, no user fees are charged for emergency obstetric and newborn care services. In India, UNFPA has helped establish a conditional cash transfer programme under which women receive cash for delivering in a facility, while in Bangladesh, the Government and UNFPA are piloting a voucher scheme that is encouraging more women to take advantage of early antenatal care and delivery services.

40. Strengthening referral systems is an important step in the prevention of obstetric fistula, through the provision of means of transport for women to obtain easy and quick referrals. In many countries, UNFPA and its partners supported communities through the provision of transport by ambulance and motorbike, including in Benin, Chad, Guinea, Guinea-Bissau, Kenya, Rwanda, Senegal, Uganda, the United Republic of Tanzania and Zambia.

41. In 2008, UNFPA, WHO, UNICEF and the World Bank came together as four partners, Health 4, with the objective of harmonizing and enhancing support for developing countries in reducing maternal mortality and achieving universal access to reproductive health. A joint statement on maternal, newborn and child health was signed by principals of the four agencies. The members of Health 4 have committed to working together in the 60 countries with the highest maternal mortality ratio of more than 300 for every 100,000 live births, starting with 25 priority countries in 2009-2010. The Health 4 agencies work with partners and provide coordinated support at the country level for the strengthening of national health-care plans. Coordination is guided on the basis of a continuum of care and support for national health-care plans, drawing on each agency's strengths, assigning key responsibilities and promoting effective mechanisms for country-level coordination.

42. Community-based intervention and communication help to increase awareness about overcoming the barriers to educating the community about obstetric fistula prevention and to identify solutions that are culturally accepted. Over the last few years, one of the most innovative and successful approaches has been the involvement of fistula survivors in community mobilization. Eighteen Campaign countries supported fistula survivors in their efforts to sensitize communities, provide peer support and advocate improved maternal health at both the community and national levels. The work of fistula survivors is expanding in terms of both the

number of countries working in this area and the level of engagement of the survivors. For example, in Ghana, 18 fistula survivors received training in personal leadership, the prevention and treatment of obstetric fistula, rehabilitation and reintegration, advocacy, communication, power mapping and counselling skills, after which each woman developed an action plan detailing her community-level activities. In Zambia, the UNFPA Country Office supported the orientation and recruitment of community mobilizers such as safe motherhood action groups, peer educators and counsellors, and other community-based groups towards galvanizing communities to work towards improving their reproductive health conditions and the status of women.

43. For responses to the problem of maternal death and disability to be effective, it is vital to address its socio-economic and cultural determinants. Many women in labour do not deliver in medical facilities but prefer home deliveries without trained medical supervision, owing to strong socio-cultural and economic pressures. It is essential that procedures be put in place involving the community through which women in prolonged labour can be brought without delay to adequate facilities for delivery. A community project undertaken in the Niger has shown significant improvement in reproductive health indicators and in the prevention of obstetric fistula. Within four months of the introduction of the project, in February 2008, obstructed-labour deaths were eliminated in the target areas. The rate of obstetric fistula was reduced; no new fistula cases had occurred for more than 10 months as of June 2010. In addition, medical records show that prenatal consultations are up 63 per cent and births in health settings are up 70 per cent.[15]

44. The education and empowerment of women is crucial in the prevention of obstetric fistula. Educated women better understand the need for appropriate care during pregnancy and delivery. They are more prepared to delay marriage, prevent early pregnancies and act upon their reproductive health choices. Investing in women, promoting girls' education and ending child marriage are some of the main issues that are critical to ending obstetric fistula.

45. In 2007, an Inter-Agency Task Force on Adolescent Girls[16] was established to support Governments in investing in adolescent girls as a strategy for poverty reduction, the prevention of child marriage, the reduction of maternal mortality and morbidity and the promotion of adolescent health, including sexual and reproductive health. In March 2010, the Task Force signed a joint statement pledging to intensify efforts to fulfil the human rights of adolescent girls by increasing support to developing countries so as to advance key policies and programmes aimed at empowering the hardest-to-reach adolescent girls.[17]

46. Countries around the world are reinforcing a policy environment that is conducive to the protection of women and girls. In Pakistan, initiatives have been taken that are aimed at promoting the Women's Protection Bill. UNFPA is working in close partnership with selected civil society organizations and women's groups in their ongoing campaigns to highlight harmful traditional practices, including child marriage, through the media, advocacy and dialogue. In Ethiopia, the early marriage

[15] See www.hdi-us.org.

[16] UNFPA, UNICEF, the International Labour Organization, the United Nations Development Fund for Women, UNESCO and WHO.

[17] See http://www.unfpa.org/webdav/site/global/shared/documents/news/2010/joint_statement_adolescentgirls.pdf.

programme, which focuses on adolescent girls and the general community in Amhara state, has made tangible contributions towards delaying adolescent marriage and improving the reproductive health status of girls in the context of a more comprehensive approach.

C. Treatment strategies and interventions

47. For women suffering from obstetric fistula, treatment represents hope for a new life. Although prevention is the ultimate means of eliminating obstetric fistula, treatment is critically important for women living with the condition. Countries have embarked on efforts to increase access to obstetric fistula treatment through the upgrading of health facilities and the training of health personnel. Since the launch of the Campaign to End Fistula, support has been provided to 47 countries, resulting in fistula treatment and care for an estimated 16,000 women and the training of thousands of health-care personnel in fistula prevention and management.

48. Many countries have registered an increase in treatment capacity; for example, in the Democratic Republic of the Congo, more than twice as many women received treatment in 2009 as did in 2008. In Eritrea, the Federal Government announced its commitment to eliminating obstetric fistula in the country by the end of 2011. The Campaign supported an outreach programme for women in Ghana living with obstetric fistula to ensure that they were registered with the national health insurance scheme and could receive treatment without having to bear the burden of the cost. Such increases in capacity and in the provision of care are encouraging. However, owing to the fact that treatment capacities are not sufficient to serve all new cases, a tremendous backlog of patients remains. A dramatic and sustainable scale-up of existing treatment approaches is needed. This is an important challenge that countries and the Campaign to eliminate obstetric fistula will face in the coming years.

49. South-South collaboration is a key aspect of the Campaign's approach. With UNFPA support, health providers and civil society organizations have travelled from Nigeria to the Sudan, from Ethiopia to the Niger, from Mali to Cameroon and to additional countries to exchange experiences and advance innovative programming. To train human resources, senior gynaecologists from the Dhaka Medical College Hospital in Bangladesh have been training medical professionals in Afghanistan. The Campaign will continue to further facilitate and develop efforts to connect countries with the aim of enabling them to share and learn from one another. There are numerous instances of North-South collaboration with organizations and academia that make significant contributions to capacity-building, including the collaboration between Benin and the Geneva Foundation for Medical Education and Research, between the Democratic Republic of the Congo and Doctors without Borders, between Mauritania and Equilibres et Populations, and the long-standing collaboration between Eritrea and Stanford University, United States of America.

50. To improve the quality of care and ensure that all women receive the best treatment possible, many actions have been undertaken by United Nations agencies, Governments and partners, as well as surgeons. The International Federation of Gynaecology and Obstetrics has developed a competency-based training curriculum on obstetric fistula that is aimed at harmonizing surgical approaches and techniques among fistula centres. WHO elaborated the guiding principles for clinical management and programme development, a practical guide that provides essential

background information along with principles for developing fistula prevention and treatment strategies and programmes. The International Society of Obstetric Fistula Surgeons was created in 2008, with the aim of reinforcing knowledge-sharing, the harmonization of practices and the quality of care, as well as support for professionals. The Bangladesh National Fistula Committee, established in 2009, brings together the Government, UNFPA, EngenderHealth and 14 medical college hospitals.

D. Reintegration strategies and interventions

51. Healing fistula requires not only surgical intervention but also psychosocial and economic support. About one quarter of Campaign countries have established reintegration programmes, with more to follow in 2010. A number of countries, including the Niger and Senegal, have substantially increased access to reintegration services, from one to four sites in the former and one to five sites in the latter. In most countries, reintegration services include counselling, reproductive health education, family planning services and income-generating activities, combined with community sensitization so as to reduce stigma and discrimination.

52. Making fistula treatment available free of charge and making funding available for reintegration increases the utilization of such services. The majority of Campaign countries reported that cost was an important factor in the delivery of fistula treatment and care. When treatment cost was removed from the equation through subsidized care or insurance coverage, more women sought treatment. There is an ongoing need for committed donor support to provide the resources necessary to implement the lessons learned. Multi-year commitments are particularly important to help ensure sustainable and continued programming.

53. In 2009, at least six countries — Bangladesh, Burkina Faso, Côte d'Ivoire, Chad, Liberia, and the Niger — reported on the number of treated women who received social reintegration and rehabilitation services. This is indicative of the increased attention given to the delivery of reintegration and rehabilitation services and also to the move towards increased data collection with respect to this important component of the continuum of care. Côte d'Ivoire reported that 27 of 119 women who had received treatment in 2009 had been fully reintegrated into their communities. Such data must be considered with the awareness that not all women receive such services after treatment. Prior to 2010, very few countries reported the percentage of treated women who received reintegration and rehabilitation services, and this information can therefore be utilized as a baseline for the countries reporting.

E. Advocacy and awareness-raising

54. Efforts by the Campaign and the Partnerships and Advocacy Committee of the International Obstetric Fistula Working Group have helped raise global and national awareness, muster political will and promote increased knowledge and understanding about the issue of obstetric fistula. They have targeted a variety of audiences in donor and developing countries, including policymakers, community and religious leaders, service providers, administrative officers and government officials. As a result, significant interest has continued to be evinced on the part of

various partners, including donor governments, national and international non-governmental organizations and the private sector.

55. An increasing number of partners within the Campaign are supporting the participation of women who have lived with obstetric fistula in advocacy efforts to end the problem. More and more former fistula patients are playing an important role by working as community advocates and raising national and global awareness of the right to treatment and the importance of funding obstetric fistula programmes as part of a wider strategy to prevent maternal death and disability.

56. The Campaign has also helped draw attention to systemic weaknesses in health-care systems that lead to maternal deaths and disability and to the need to address a reproductive health strategy in a holistic manner. In several countries, advocacy, community mobilization, sensitization and awareness-raising activities around the issue of obstetric fistula have contributed to increased knowledge and understanding of maternal health issues. The integration of the issue into national policies has been essential in the process of securing the political and financial commitment necessary to end the problem. Currently, more than 28 countries have integrated the issue of obstetric fistula into national health-care policies and programmes. In 2009, Malawi integrated the issue into its newly revised national reproductive health policy, thereby increasing opportunities for national resource mobilization.

57. Advocacy and communication for development initiatives, through documentaries, television programmes and radio interviews, have been used to raise awareness about obstetric fistula and maternal-health-related issues in several countries in Africa and Asia. Between 2008 and 2010, numerous articles, news stories and documentaries highlighting related activities in the field have been produced and used in countries to generate discussion on fistula and maternal health. At the national level, awareness-raising and community-mobilization efforts within communities are frequently carried out by local civil society organizations, including non-governmental organizations.

F. Global support and resource mobilization

58. Significant global momentum now exists to address the issue of maternal health within the context of the Millennium Development Goals. Several global initiatives are under way to support the achievement of the health-related Goals; some are groups of international health organizations lobbying for high-level political advocacy, others are alliances of international non-governmental organizations and United Nations agencies working to coordinate interventions. One example is the Global Consensus on Maternal, Newborn and Child Health. More recently, the United Nations initiated a global effort on women's and children's health that will build upon and revitalize existing strategies and commitments and secure new commitments from a range of partners.

59. Since 2003, the Campaign has grown from 12 countries to more than 47, in Africa, Asia, and among the Arab States. Since then, contributions of more than $38 million[18] have been made to the Campaign by Governments, international

[18] The figure is based on contributions received for the largest programmes of the Campaign and does not account for all funding.

financial institutions and the private sector, including individual donors, to support activities aimed at ending obstetric fistula.

60. The leaders of 12 international health-related agencies have formed the International Health Partnership and related initiatives, aimed at improving health by coordinating donor countries and other development partners around a single country-led national health strategy. Founded in 2007, the Partnership is guided by the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, which recognizes the need to strengthen health-care systems and support one national process in the health sector.[19]

61. In 2008, the heads of eight health-related organizations formed an informal group to collaborate on the strengthening of global public health-care systems through coordinated teamwork, joint priority-setting and the recognition that both civil society and the private sector play a critical role in supporting and strengthening country health-care systems. The group, known as the Health Eight, which comprises WHO, UNFPA, UNICEF, the Joint United Nations Programme on HIV/AIDS, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance and the Bill and Melinda Gates Foundation, meets every six months to strengthen collaboration and escalate global efforts to reach the health-related Millennium Development Goals.

62. Several new funding commitments in support of maternal health that also support fistula programming have recently been announced, including a commitment made by the Bill and Melinda Gates Foundation in June 2010 to invest $1.5 billion in new support for integrated women's and children's programmes over the next five years. Furthermore, the Government of Canada, at the Group of Eight Summit in June 2010, announced that its total contribution for maternal, newborn and child health would be $2.85 billion over five years, which includes $1.1 billion in new funds.

63. The High-level Taskforce on Innovative International Financing for Health Systems was established in September 2008 to help strengthen the health systems of the world's poorest 49 countries by exploring and recommending actions to protect social-sector investments and strengthen international assistance. The Taskforce, which differs from entities that address the issue of aid efficiency, such as the Health 4 and the International Health Partnership and related initiatives, aims to help catalyse a significant increase in donor resources.

64. In January 2008, UNFPA established the Maternal Health Thematic Fund. The Fund has raised nearly $50 million to date to support those countries with the highest maternal mortality rate and is now active in 27 countries. The goal of the Fund is to increase the capacity of health-care systems so as to enable them to provide a continuum of quality maternal health-care services, strengthen mechanisms aimed at reducing health-care inequities and empower communities to exercise their rights to reproductive health. The Thematic Fund contributes to both the Campaign to End Fistula and the Midwifery Programme. The strengthening of the programme on midwifery is also key to preventing obstetric fistula.

[19] See http://www.internationalhealthpartnership.net/en/home.

V. Conclusion and recommendations

65. Over the past two years, considerable progress has been achieved in focusing attention on the issue of maternal death and disability and in addressing that of obstetric fistula. This is due mainly to the greater availability of evidence relating to effective interventions, enhanced data collection and analysis, advocacy programmes, partnerships, and subsequently stronger political and financial commitments. Obstetric fistula occurs because health-care systems fail to provide accessible, high-quality maternal health care, including family planning, skilled birth attendance and basic emergency obstetric care. There is now a greater understanding of the social and economic burden that results from poor reproductive and maternal health and its relation to poverty eradication, and a consensus on the key interventions necessary to reduce the rate of maternal death and disability, including obstetric fistula. Countries are increasingly investing in and promoting prevention, treatment and reintegration services for women living with obstetric fistula as part of efforts to achieve Millennium Development Goal 5.

66. In addition, multisectoral approaches have been undertaken in many areas aimed at drawing attention to the linkages between poverty, income inequalities, gender disparities, discrimination and poor education, as these factors contribute to poor health in women and girls. Hence, efforts to improve women's health should include the education of women and girls, economic empowerment, including access to microcredit and microfinance, and legal reforms and social initiatives aimed at delaying marriage and pregnancy.

67. Despite the fact that some positive developments have been achieved, many serious challenges remain. The struggle to improve health-care systems and reduce the rate of maternal mortality and morbidity, including obstetric fistula, must not only continue but intensify, as recently published estimates show that the progress made in maternal mortality reduction has been slow.[4] There is an urgent need to scale up well-known, cost-effective interventions so as to reduce the high number of avoidable maternal deaths and disabilities.

68. The specific actions must be taken to improve maternal health and to address the issue of obstetric fistula include:

(a) A greater investment in health-care systems, with an emphasis on trained and skilled human resources to promote maternal health, imorove health-care services and ensure that women and girls have access to the full continuum of reproductive health care and services, in particular family planning, skilled delivery care and emergency obstetric care. The continuum of care should cover the period from adolescence through pre-pregnancy, pregnancy, childbirth and the post-natal period;

(b) Efforts focused on supporting national plans aimed at strengthening health-care systems and identifying and addressing the underlying social, cultural and economic determinants of maternal death and disability. Special attention should be paid to areas with the highest maternal mortality and morbidity, particularly in sub-Saharan Africa and South Asia. Within countries, approaches must include efforts to reach poor populations and adolescent girls;

(c) **Investments aimed at supporting national health-care plans and addressing health-care coverage inequalities among various socio-economic and age groups, in particular in rural areas and in poor urban areas. Priorities must include ensuring access to a range of contraceptive methods in health-care facilities, appropriate plans to train, recruit and deploy human resources for maternal health, especially skilled birth attendants and midwives, and appropriate investments in infrastructure, equipment and supply chains to ensure provision of emergency obstetric care. These must be linked to other health issues that contribute to high rates of maternal mortality and morbidity, such as poor nutrition, HIV/AIDS and malaria;**

(d) **The strengthening of referral services and centres for the timely prevention of obstetric fistula and the implementation of well-funded national maternal health and obstetric fistula programmes. In addition, other specialized and decentralized services are necessary to meet the needs of women with fistula in all regions. This should be accompanied by the establishment of quality control and improved monitoring. Other mechanisms such as outreach service campaigns should be utilized until care and services can be provided routinely to help reduce the backlog of women awaiting treatment. Additionally, linkages with civil society organizations and women's empowerment programmes should be developed so as to ensure access to social reintegration support, including counselling, literacy and health education, skills development and income-generating activities;**

(e) **Making maternal health services and obstetric fistula treatment geographically and financially accessible and culturally acceptable. Geographic access requires the adequate distribution of health-care facilities and personnel, collaboration with the transport sector to ensure affordable transport options, and the promotion of community-based solutions. Financial access requires innovative mechanisms to ensure that delivery care and obstetric fistula treatment at delivery points are free or appropriately subsidized for women who cannot afford such services. Service delivery should take into account the specific needs of the population;**

(f) **The mobilization of communities so that they are involved, informed and empowered with respect to maternal health needs, utilize the relevant services and support women in accessing such services. Civil society organizations can play a role in working with communities. Women who have lived with obstetric fistula, as survivors of obstetric complications, should be empowered to contribute to such efforts. Men and boys in particular need to be involved in advocating the provision of services and supporting access by women to such services;**

(g) **Strengthened and expanded interventions to keep adolescent girls in school, stop child marriages and promote gender equality and positive health-seeking behaviours. Laws prohibiting child marriage must be adopted and enforced, and followed by innovative incentives for families to delay marriage. Programmes for adolescent girls that provide comprehensive life skills, including reproductive health information, need to reach those populations at greatest risk of child marriage and adolescent pregnancy. Reproductive health education programmes in schools need to be maintained to ensure that young people have the information and skills to protect their own health;**

(h) **Stronger research, monitoring and evaluation to guide the implementation of maternal health programmes. Countries should have monitoring and evaluation systems, including a community-based system for the notification of obstetric fistula cases and maternal and newborn deaths. Research that addresses the determinants and consequences of maternal death and disability, including research on the quality-of-life consequences of maternal morbidities such as obstetric fistula, is important and requires support;**

(i) **Partnerships and coordination of efforts among a variety of stakeholders at the local, national, regional and global levels need to be maintained so as to address the multifaceted determinants of maternal mortality and morbidity.**

69. **The challenge of putting an end to obstetric fistula requires intensified efforts at the national, regional and international levels. Such efforts must be part of a strengthening of health-care systems aimed at achieving Millennium Development Goal 5. If Goal 5 is to be achieved, additional resources must be forthcoming. To support priority countries, at least $1.2 billion per year for family planning and $6 billion annually for maternal health care could be required, including for the prevention of obstetric fistula. An estimated $750 million is needed to treat existing and new cases of obstetric fistula between now and 2015, assuming a decline in the number of new cases each year. The funding needs to be predictable and sustained. Continued support should be provided to countries' national plans, United Nations entities, including the Global Campaign to End Fistula, and the Maternal Health Thematic Fund, and other global initiatives dedicated to achieving Millennium Development Goal 5.**